SCREENING SANDY HOOK

Causes and Consequences

DEANNA SPINGOLA

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Deanna Spingola

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Printed in the United States of America.

ISBN: 978-1-4907-5439-0 (sc)
ISBN: 978-1-4907-5440-6 (hc)
ISBN: 978-1-4907-5438-3 (e)

Library of Congress Control Number: 2015901314

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Trafford rev. 2/2/2015

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In memory of twenty precious children—Charlotte Bacon, Daniel Barden, Olivia Engel, Josephine Gay, Dylan Hockley, Madeleine Hsu, Catherine Hubbard, Chase Kowalski, Jesse Lewis, Ana Marquez-Greene, James Mattioli, Grace McDonnell, Emilie Alice Parker, Jack Pinto, Noah Pozner, Caroline Previdi, Jessica Rekos, Avielle Richman, Benjamin Wheeler, and Allison Wyatt—and of six brave adults, Rachel D'Avino, Dawn Hochsprung, Anne Marie Murphy, Lauren Rousseau, Mary Sherlach, Victoria Leigh Soto, and Nancy Lanza, murdered by her son, as much of a victim of the mental health system as the others slaughtered on that dreadful day. I extend my deepest sympathy to the parents and the families of the children who perished at the Sandy Hook Elementary School and to the families of the very brave administrators and teachers.

Acknowledgments

I am indebted to the following people for their efforts to expose the truth about the very controversial issue of psychiatric drugs, a subject about which many would rather remain silent, including some people in the "alternative" media. Yet, these people have risked occupational alliances and support and have exercised courage in order to speak out in opposition to organized medicine and psychiatry: Dr. Peter R. Breggin, who has testified in at least a hundred lawsuits, and Dr. David Healy, also a witness in many cases against. I have quoted both of them extensively as I appreciate their work and research that is, in my nonprofessional but rational view, empirical and impeccable. I also appreciate and admire the efforts and research of Dr. Linda Lagemann, Dr. Joseph Glenmullen, Dr. Jennifer Daniels, Dr. Nancy Banks, Marcia Angell, Kelly Patricia O'Meara, Sheila Matthews and Patricia Weathers, the cofounders of AbleChild, Dr. Andrew Wakefield, David Kirby, Dr. Colin Ross, Dr. Harold E. Buttram, Christina England, the late Andreas Moritz, Dr. Viera Scheibner, the late Dr. Robert S. Mendelsohn, Dr. Suzanne Humphries, Roman Bystrianyk, Robert Whitaker, Dr. Fred Baughman, and dozens of other credible acknowledged experts who are independent critical thinkers. This book would have been impossible without the expertise of these invaluable and courageous people.

Introduction

The deadly unexpected shootings at the Sandy Hook Elementary School deeply and emotionally impacted the country, as well as people abroad, as no previous mass shooting has done, probably because of the tender age and the number of victims. Most of the other school shootings, such as Columbine, in 1999, were perpetrated by students who then attended the schools involved. Each shooting, despite the age and number of victims, was tragic, unforeseen by the general public and has had long-term consequences on the survivors. Whether we are discussing the massacre of innocent first graders or teenagers, their parents, all the family members and friends deserve and need our sympathy, empathy, and understanding as they express their grief. None of us, unless we have survived a similar situation, can possibly understand how the victims faced their fear or how their families have coped day after day with their utter tragic loss. From what the official reports have indicated, brave and loving teachers were more concerned about the safety of the frightened children than they were about their own lives. The children who perished that day probably idolized their teachers and saw them as an extension of their home and family. For that, we should all be grateful. If there is any peace or resolution to be found, it could begin there.

I definitely do not and could not defend Adam Lanza's unpardonable actions. I view him as another school shooter in a growing list of shooters who share a subtle media-concealed commonality—many of them were currently or had previously taken psychiatric drugs. The state will not divulge Lanza's complete medical records so we do not know his psych drug status. Due to various, seemingly unrelated, and possibly circumstantial evidence, all interconnected within the psychiatric and allopathic health system, he became a monster who first brutally murdered his devoted mother, the person he consistently depended on to love and rescue him from his intense anxieties. He then drove to the

Sandy Hook Elementary School and slaughtered twenty young vulnerable children and six adults, and when the police were within moments of confronting him, he took his own life. His history and ultimate horrific deeds are not unlike many others who have engaged in violence, either against themselves or against others. This is not a rehashing of the events that occurred at the school that day but a feeble attempt to determine what turned what his father referred to as a "weird little kid," whose parents loved him just as much as the Sandy Hook parents loved their children, into a mass murderer. It was and continues to be a sorrowful tear-filled tragedy for so many people.

Abbreviations Used in the Book

AAP: American Academy of Pediatrics
AAPCOID: AAP Committee on Infectious Diseases
ACIP: Advisory Committee on Immunization Practices
ADD: attention deficit disorder
ADHD: attention deficit hyperactivity disorder
ADR: adverse drug reactions
AERS: Adverse Event Reporting System
AMA: American Medical Association
APA: American Psychiatric Association
ASD: autism spectrum disorder
ATSDR: Agency for Toxic Substances and Disease Registry
BBB: blood-brain barrier
BD: bipolar disorder
BHTF: Task Force to Study the Provision of Behavioral Health Services for Young Adults
BLA: Biologics License Application
CBER: Center for Biologics Evaluation and Research
CBHAC: Children's Behavioral Health Plan Advisory Committee
CDC: Centers for Disease Control
CDER: Center for Drug Evaluation and Research
CDP: Consensus Development Program
CHDI: Child Health and Development Institute
CSP: Connecticut State Police
DARPA: Defense Department's Advanced Research Projects Agency
DART: Depression Awareness Recognition and Treatment
DCF: Department of Children and Families
DDL: Dear Doctor letter
DEA: Drug Enforcement Administration
DHHS: Department of Health and Human Services

DMHAS: Department of Mental Health and Addiction Services
DoED: Department of Education
DOJ: Department of Justice
DPT: diphtheria-pertussis-tetanus
DSM: *Diagnostic and Statistical Manual of Mental Disorders*
DSS: Department of Social Services
DTC: direct to consumer
ECT: electroconvulsive therapy
EPA: Environmental Protection Agency
FDA: Food and Drug Administration
FDAMA: Food and Drug Administration Regulatory Modernization Act
FOIC: Freedom of Information Commission
GBS: Guillain-Barré syndrome
GMO: genetically modified organism
GSK: GlaxoSmithKline
HHS: Department of Health and Human Services
HRSA: Health Resources and Services Administration
IDEA: Individuals with Disabilities Education Act
IMR: infant mortality rate
IOM: Institute of Medicine
JAMA: *Journal of the American Medical Association*
KOL: key opinion leader
MBD: minimal brain damage or minimal brain dysfunction
MDD: major depressive disorder
MMR: measles-mumps-rubella
NAMI: National Alliance on Mental Illness
NCVIA: National Childhood Vaccine Injury Act
NDSD: National Depression Screening Day
NFC: New Freedom Commission on Mental Health
NGO: nongovernmental organization
NIH: National Institutes of Health
NIMH: National Institute of Mental Health
NIP: National Immunization Program headed by the CDC
NVICP National Vaccine Injury Compensation Program
NVPO: National Vaccine Program Office
OCD: obsessive-compulsive disorder
ODD: oppositional defiance disorder
ODP: Office of Disease Prevention

OTC: over the counter
PDAC: Psychopharmacologic Drugs Advisory Committee
PDD: pervasive developmental disorder
PDR: Physician's Desk Reference
PhRMA: Pharmaceutical Research and Manufacturers of America
PHS: public health service
PPP: Primary Pediatric Psychopharmacology
PSRB: Psychiatric Security Review Board
SAMHSA: Substance Abuse and Mental Health Services Agency
SHAC: Sandy Hook Advisory Commission
SIDS: sudden infant death
SMH: Screening for Mental Health
SOS: signs of suicide
SPD: sensory processing disorder
SSRI: selective serotonin reuptake inhibitor
TIMA: Texas Implementation of Medication Algorithm
TMAP: Texas Medication Algorithm Project
USPHS: US Public Health Service
VA: Department of Veteran's Affairs
VAERS: Vaccine Adverse Event Reporting System
VICP: Vaccine Injury Compensation Program
VIS: Vaccine Information Statement
WHO: World Health Organization

PART 1

Vaccines: the Primary Assault

Political Protocols and the Inoculation of Disease

I spent many years engaged in family history research that involved looking at hundreds of rolls of microfilmed census records, mortality schedules, original court and probate documents, birth, death and church records. The majority of my ancestors were agrarian, large and small landowners who grew and ate what they produced. Most of them arrived in America relatively early while others arrived later, purchased land, and farmed. For the most part, they lived long and healthy lives, many into their nineties. None of them were factory or mine workers, nor did they congregate in large cities where open sewage frequently ran in the streets. None of them ever lived in the rat-infested tenements in Manhattan owned by the Astor family.

One of the few cases of an infectious disease that I encountered in the records that I perused was my second great-grandmother who was born in England. Frances was a servant who, at age sixteen, married Robert, a laborer. Thereafter, they lived in Sittingbourne, Kent. This shire is bounded on the north by the Thames estuary and on the east and south by the Straits of Dover. On the west, the northern end of the shire boundary is contiguous with London. Kent experienced outbreaks of cholera, 1846–1854 and 1863–1868, caused by sewage-contaminated water. Diphtheria, typhoid, and scarlet fever also periodically broke out. Local authorities instructed people who were vulnerable to cholera to practice good sanitation and to eat wholesome food.

Frances and Robert had four boys, one of whom died at the age of just two weeks. Evidently wanting a better life, they emigrated from England, departing on March 12, 1854, from Liverpool with their three surviving children, arriving in New Orleans two months later on May 2, 1854. Frances never actually set foot in New Orleans as she had cholera and was quarantined on an island four miles south of St. Louis. She died

on May 16, along with many others who traveled on a crowded ship that lacked proper facilities.

In 1854, after London physician John Snow concluded that the cholera epidemic was a result of the contaminated water from the community street pump, he persuaded the city council to close the pump, which ended that epidemic. This led to a national health movement and an improvement in sanitary conditions.[1]

Parliament mandated that every adult person resident in England and Wales on January 1, 1856, who had not already been successfully vaccinated nor had smallpox be vaccinated by a duly qualified practitioner or by a public vaccinator within three months of that date, and submit to an inspection by a doctor or public vaccinator eight days after vaccination, under a penalty of £1. That adults not born in England and Wales, and coming to reside therein, be vaccinated (if not already vaccinated) within three months of their arrival, under a penalty of £1. Parents were to take their children to be vaccinated within three months after that date and be inspected eight days after vaccination, under a penalty of £1.[2]

In another branch of my family, union soldiers at Antietam killed my second great-grandfather. While he was shot in the bloodiest single-day battle of the Civil War, most people who perish during warfare die from disease caused by unsanitary practices, the lack of good hygiene, the overcrowding, living in tents, and urinating and defecating just outside the tents or in nearby streams. Often, soldiers dug their latrines right next to the water supply, which contaminated the water. Dysentery accounted for around 45,000 deaths in the Union army and about 50,000 deaths in the Confederate army. Measles took the lives of about 11,000 soldiers. Three-fifths of the deaths in the Union army were from disease. In the confederacy, it was two-thirds. Disease was the single most important factor in the deaths during that fratricidal conflict. Measles and smallpox were common diseases during the Civil War, even before the men engaged in battle. Fresh fruits and vegetables were often unavailable at overcrowded military training camps, sometimes leading to scurvy.

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1. Suzanne Humphries, MD, Roman Bystrianyk, Dissolving Illusions, Disease, Vaccines, and the Forgotten History, Kindle, 2013, Locations 2465–2490.
2. William White, *The Story of a Great Delusion*, E. W. Allen, London, 1885, chapter 38, http://www.whale.to/vaccines/white_b.html, viewed 7/18/2012.

Malaria was common in the hot swampy areas in the South. Bad water and improper sanitation caused widespread dysentery, and exposure to the elements led to pneumonia. Other health issues included typhoid fever, diphtheria, mumps, chickenpox, whooping cough, and tuberculosis. All of these septic conditions, whether in overcrowded cities, unsanitary towns, or military field camps cause disease. Mass vaccination did not eradicate them; adhering to hygienic living standards decreased the incidence of disease.

In 1859, they had begun construction of the London sewage system, which took six years to complete. Parliament passed the Sewage Utilization Act in 1865 and the Sanitary Act in 1866. The government assumed the maintenance and regulation of the sewage and water systems. It also prohibited the overcrowding of residences. Other countries soon followed England's positive example despite the objections of the slum lords. In 1860, in America, New York had the highest death rate of any city and slum lords enjoyed the support of Tammany Hall, a corrupt entity that had appointed "health officers" to run the health department. Angry citizens appealed to officials in Albany who initiated an investigation that led to some relief. By 1866, New York City had a board of health that functioned more efficiently.[3]

Though hard to imagine, people initially resisted better hygiene, such as frequent bathing and the regular use of soap, which many claimed was detrimental to one's skin. They thought it unnecessary and felt that body odor was normal. Hygiene advocates set new standards, making cleanliness the key to the hygienic movement of the nineteenth and twentieth centuries. Renters appealed for renovations in the terrible housing conditions, which forced owners to make improvements in the tenements. Owners were forced to close the vermin-infested cellars, where many of the poor had existed in misery. By 1870, officials closed all the cellars and basements. They conducted a survey of the tenements and directed the owners to make improvements to make them habitable. Governments made plans to remove numerous businesses that polluted neighborhoods where people lived. They went after slaughterhouses, meat-packing plants, glue factories, tanneries, and other manufacturers. They

3. Suzanne Humphries, MD, Roman Bystrianyk, Dissolving Illusions, Disease, Vaccines, and the Forgotten History, Kindle, 2013, Locations 2465–2490.

slowly began pushing the offending and polluting industries outside of the city limits.[4]

In 1871, in Bavaria (Germany), out of 30,742 cases of smallpox, 29,429 of the victims had been vaccinated, which connotes to 95.7 percent. The individuals among the unvaccinated who contracted smallpox numbered 1,313 or 4.3 percent. Recently, most of the breakouts have been among individuals who have been vaccinated. The smallpox epidemic of 1872–1873 in Boston, which killed 1,040 persons, occurred among a vaccinated population.[5]

The majority of the population of Chicago, over 95 percent, was vaccinated by the end of 1868. Government officials required that those receiving assistance following the Great Fire (1871) had to accept the smallpox vaccination. However, in 1872, despite, or maybe because of the vaccinations, a horrific smallpox epidemic erupted in Chicago, affecting more than 2,000 people during which over a quarter of the victims died, most of whom were children under the age of five. The concept of herd mentality did not save the Chicago population from the "scourge of smallpox." Many of the vaccinated population in France, Germany, and England were afflicted. French army officials required the smallpox vaccination of every recruit in the army. During the Franco-Prussian war, July 19, 1870–May 10, 1871, smallpox afflicted 23,469 soldiers in the French army.[6]

The *London Lancet* of July 15, 1871, reported that 6,854 out of the 9,392 smallpox victims in the London hospitals had been vaccinated. Almost 18 percent of those patients died. In England, over 122,000 vaccinated individuals were stricken with smallpox. The official reports from Germany stated that between 1870 and 1885, one million vaccinated persons perished as a result of contracting smallpox. Medical authorities over-vaccinated the Italian population, and by 1899, there was a smallpox epidemic that killed a total of 18,110 individuals in various villages of Italy, all of whom had received two vaccinations each year for "many years past."[7]

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4. Ibid., Locations 2517–2543.
5. Ibid., Location 1371–1372, 1367–1368.
6. Ibid., Locations 1374–1385.
7. Ibid., Locations 1374–1398.

In 1876, Dr. James J. Garth Wilkinson said, "Compulsory Vaccination is an instance of law which inflicts actual disease and possible death on the human body and propagates and disseminates deadly infections widely upon animals and mankind. This is surely a glaring instance of a law which is not based on Wisdom or Sanity and is a Menace to the Health and Security of Humanity and the State. "This amazing act is homicidal insanity of a whole profession. This is blood assassination."[8]

Prior to the Civil War, in the 1850s, people disposed of sewage and wastewater into open ditches. Soon, individuals created what they called a water closet, "a room with a toilet," for the suitable disposal of human waste. By 1895, forty properties had water closets; and by 1904, there were 1,506. Previously, in the larger cities, especially among the poor, people disposed of excrement into the streets from where it ultimately wound up in the drinking water.[9] In 1908, officials began chlorinating the water supply in larger cities, which eliminated waterborne diseases such as cholera, typhoid, and dysentery. They developed a water network that delivered water to private homes. In 1909, New York allowed people to connect water closets to the municipal sewage system. Officials, after consideration, constructed the first water waste treatment plant. [10]

By the turn of the twentieth century, people using better sanitation had almost eradicated smallpox in the United States. By fall of 1897, smallpox was not the killer that it had been, and only 1 in 380 perished instead of the previous rate of 1 in 5. The disease, not as severe, now resembled other skin eruptions. By then, many people acknowledged that better sanitation, food, and water had done more for the huge reduction of the dread disease than the vaccine had done.[11]

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8 Charles M. Higgins, Horrors of Vaccination, Exposed and Illustrated, Petition to the President to Abolish Compulsory Vaccination in Army and Navy, Chas. M. Higgins, Brooklyn, New York, 1920, p. 5.

9. Suzanne Humphries, MD, Roman Bystrianyk, Dissolving Illusions, Disease, Vaccines, and the Forgotten History, Kindle, 2013, Locations 2497–2508.

10. Ibid., Locations 2497–2508.

11. Ibid., Locations 2684–2763.

Smallpox for the Philippines

The decrease of smallpox in America coincided with the US invasion of the Philippines. In 1903, after the invasion, the military, despite the natives' vibrant health, enacted a compulsory countrywide smallpox vaccination program. They rounded up the unwilling Filipinos and herded them into vaccination centers. By 1905, there was a smallpox epidemic and numerous deaths, and by 1910, vaccination was mandatory. Given the smallpox outbreak in a relatively virgin population, one would suppose that the government would halt the program there and in America. Instead, it increased the program that produced another epidemic in 1907 and 1908.[12]

Many doctors and statisticians determined that the vaccine program actually increased the incidence of smallpox and also accused the drug companies and doctors of using the Filipino population as guinea pigs for their experimental vaccines and drugs. The US military is currently if not the biggest, one of the biggest pharmaceutical industry customers. Drug companies lobby the government to inoculate all military personnel at taxpayer expense. The manufacturers viewed 11,000,000 Filipinos, under military occupation, as a profitable market, especially for the overstocked or spoiled vaccines. Otherwise, they would have used them on senior citizens, orphans, institutionalized soldiers, or prisoners. Vaccines actually caused preventable diseases such as typhoid, malaria, beriberi, and tuberculosis.[13]

The biological experimentation in the Philippines provided a testing ground for introducing the beginnings of socialized medicine in America through the imposition of compulsory vaccination programs in the public schools. Today, America is one of the sickest nations in the world despite the claims that it has the world's best health system.[14]

In 1907, Dr. Charles Page noted that it was not necessary to use injections of disease matter to battle diphtheria. Sanitation, hygiene, and changing the living standards would be used to defeat this and other diseases. "It is not by adding disease to disease that the evil of diphtheria

12. Dr. Eleanor Elben McBean, Vaccination Condemned by all Competent Doctors, Book One, Better Life Research, Los Angeles, California, 1981, pp. 190–193.
13. Ibid., pp. 190–193.
14. Ibid., pp. 194–197.

will be combated, but it is by the removal of the dark, damp, ill-ventilated slums which infest our towns and cities; by letting light and air into the over-crowded and unsanitary dwellings of the poor, and by the inculcation of lessons of cleanliness and hygiene among the people."[15]

Regarding vaccines, on September 17, 1919, Charles M. Higgins, the author of *Horrors of Vaccination*, said, "In order that there shall be no misunderstanding about the serious charge I bring against vaccination, as being now actually more dangerous to public health and human life than natural smallpox, and equally serious charge which I make against vaccinating doctors, who now control our Departments of Health and Vital Statistics, of denying and concealing these facts from the people, I now issue this special challenge to the Departments of Health of the City and State of New York, which cover a population of eleven millions, and with who's records I am more familiar, that I will undertake to prove from their death certificates and vital records, now concealed and withheld from the public, that there have been more deaths from vaccination than from smallpox in every year for the past fifteen years in the City and State of New York. If they deny the truth of these charges, I further solemnly challenge them to open their now concealed records to public examination and I will prove the truth of my charges from these records. Will they now dare to deny these charges or will they dare to refuse to open their heretofore hermetically concealed records to give the full medical and statistical truth to the people on these most important points?"[16]

In February 1927, Dr. William W. Keen, America's first brain surgeon, wrote an article for the *American Review of Reviews* in which he praised the effectiveness of the vaccine program in the Philippines even though there had been, by 1921, 130,264 cases of smallpox that resulted in 74,369 deaths there. The mortality rate varied from 25 to 75 percent depending on the location in the islands. There were fewer cases of smallpox in the more remote jungle areas where people fled to avoid shots, but in the cities where they vaccinated people, the epidemics were a

15. Suzanne Humphries, MD, Roman Bystrianyk, Dissolving Illusions, Disease, Vaccines, and the Forgotten History, Kindle, 2013, Locations 2587–2591.

16. Charles M. Higgins, Horrors of Vaccination, Exposed and Illustrated, Petition to the President to Abolish Compulsory Vaccination in Army and Navy, Chas. M. Higgins, Brooklyn, New York, 1920, p. 6.

calamity, the worst smallpox statistics in the world, along with the highest percentages of vaccinations.[17]

Given the consequences, scientific studies, and historical facts resulting from vaccinations, it is unwise to believe the media propaganda and government lies claiming that vaccines are a "harmless" method of immunization, especially against diseases that have already been eradicated. Instead of protecting an individual against disease, the vaccines, with highly questionable ingredients, including animal and human byproducts, cannot help but cause harm and diminish the immune system's ability to fight opportunistic diseases that would otherwise not be problematic.[18]

Influenza during World War I

Millions of Americans participated in World War I, including Smedley D. Butler, who went to France as commander of the Thirteenth Marines. On September 24, 1918, Butler's men arrived at Brest; and although they were marines, they were placed under the jurisdiction of the US Army.[19] Butler was promoted to brigadier general on October 7, 1918;[20] and after two weeks, Commander General John J. Pershing relocated Butler and his men to the army debarkation camp at Pontanezen, France, a filthy pestilence-infested 1, 700-acre mud flat where 75,000 American soldiers were crammed together and forced to share inadequate sanitation facilities.

At least 16,000 of those soldiers were suffering from influenza. An average of twenty-five soldiers died each day from that and other diseases. In usual Butler fashion, he turned the camp into a model of efficiency. His treatment of the troops was admirable—he gave them double rations of food, an adequate number of blankets, and provided them with a dry

17. Dr. Eleanor Elben McBean, Vaccination Condemned by all Competent Doctors, Book One, Better Life Research, Los Angeles, California, 1981, pp. 190–193.
18. Ibid., pp. 194–197.
19. Paths to Glory: Medal of Honor Recipients Smedley Butler and Dan Daly by David T. Zabecki, http://www.historynet.com/magazines/military_history/12833262.html?page=1&c=y.
20. Who's Who in Marine Corps History, http://www.tecom.usmc.mil/HD/Whos_Who/Butler_SD.htm.

sleeping area. He cared more about the men than the regulations he broke to make them comfortable. He always favored his men, who had very little, if any, power against their superior officers.[21]

Toward the end of the war, technicians gathered up all the vaccines on the lab shelves and vaccinated every single US soldier, the first time in history that a government has mandated compulsory inoculations in the military. This poisonous medical assault, the Schick diphtheria vaccine, outlawed years before in Austria due to the deaths of several children, killed more American soldiers than the war. The Austrian government banned the use of Béla Schick's vaccine and banished him from the country.[22] By 1923, he directed the Pediatric Department at Mount Sinai Hospital, New York. In 1936, he became a professor at Columbia University. He headed the Pediatric Department of Beth-El Hospital, Brooklyn (1950–1962). Doctors still use the Schick test, invented (1910–1911) to determine whether a person is susceptible to diphtheria.

Despite recruiting propaganda, the military were and are now underpaid, used as medical guinea pigs, exposed to death and disease and often abandoned as POWs or MIAs. Butler, torn by what he witnessed, wrote, "The wounded and maimed pass through Pontanezen, some with their nervous systems irreparably shattered . . . Gradually it began to dawn on me to wonder what on earth these American boys are doing getting wounded and killed and buried in France." He began to doubt "the ethics of his chosen calling."[23]

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21. The Plot to Seize the White House by Jules Archer, Hawthorne Books, Inc., New York 1973, pp. 77–80.
22. Vaccination Condemned by all Competent Doctors, Book One by Dr. Eleanor Elben McBean, Better Life Research, Los Angeles, California, 1981, pp. 41, 45.
23. The Plot to Seize the White House by Jules Archer, Hawthorne Books, Inc., New York 1973 pp. 77–80.

Eliminating Health Care Competition

The Rockefeller Medical Monopoly

On the evening of May 7, 1847, delegates to the national medical convention had resolved to establish the American Medical Association (AMA), a private organization of allopathic physicians. As a unified white-coated trade union or a secret society, depending on perspective, it could effectively influence legislation to eliminate competition. On April 14, 1897, the AMA was incorporated in Chicago. They created a profit-based "medical" system to focus on treating symptoms with chemicals/surgery and the promotion of vaccines instead of addressing the causes of disease.

In 1900, about fifty thousand medicinal products were sold in the United States, of two types. Thousands of independent companies sold syrups, elixirs, and herbal remedies to the public. Merck and other companies sold their "chemical preparations" to pharmacists who sold them to the public. There was no regulatory agency who reviewed these products for safety or efficacy. The AMA created a "propaganda department" and a Council on Pharmacy and Chemistry to evaluate and test herbal remedies, claiming that it wanted to safeguard the population from "quackery." The AMA issued its negative conclusions in its journals while awarding praising the new chemical potions. Every year, the AMA published a list of the most "useful drugs" in book form. It prohibited advertisements in its journal of any drug that failed its evaluation process (natural or herbal).[24]

In June 1901, John D. Rockefeller Sr. founded the Rockefeller Institute for Medical Research, dealing with eugenics, the first such

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24. Robert Whitaker, *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, Crown Publishing Group, New York, Kindle, 2010, pp. 55–56.

institution in America with Simon Flexner (brother of Abraham and Bernard) as its director. Rockefeller and others saw unique possibilities in a pharmaceuticals market. In 1909, the Carnegie Foundation for the Advancement of Teaching funded Abraham Flexner's investigative tour of 155 medical schools in America and Canada. He concluded that medical education in America was abysmal.[25] Abraham Flexner submitted his 364-page report, *Medical Education in the United States and Canada (Carnegie Foundation Bulletin Number Four)*, to the Carnegie Foundation, a Rockefeller collaborator, which published it in 1910. He called for a drastic reform of America's medical education.[26]

Flexner emphasized the need for the increasing importance of the AMA's Council on Medical Education and its inspection and rating of medical schools. However, the council had to maintain a fragile balance as the AMA then only represented a very small percentage or consensus of America's physicians.[27] He determined that any instruction that failed to utilize the new progressive drugs to treat their patients amounted to quackery. AMA officials informed medical schools that included studies in bioelectric medicine, homeopathy, or eastern medicine that they would have to discontinue those courses or forfeit their accreditation. Ultimately, the majority of the schools either closed their doors or adapted.

The purpose of Flexner's survey and subsequent report was to create a medical monopoly based on "their scientific medicine." Dr. Nancy Banks states, "The report did point out many of the inadequacies of medical education at the time . . . but from the beginning the emphasis was placed on pharmacology, radiation, and surgery."[28]

Johns Hopkins University was Flexner's ideal medical school as it promoted surgery and drugs rather than holistic and natural methods. Members of Congress, always happy to acquiesce to the demands of

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25. Barbara Barzansky and Norman Gevitz, editors, Beyond Flexner: Medical Education in the Twentieth Century, Greenwood Press, New York, 1992, p. 1.
26. Henry S. Pritchett, Medical Education in the United States and Canada, a Report to the Carnegie Foundation for the Advancement of Teaching by Abraham Flexner, New York, Bulletin Number Four, 1910, p. 22.
27. Barbara Barzansky and Norman Gevitz, editors, Beyond Flexner: Medical Education in the Twentieth Century, Greenwood Press, New York, 1992, pp. 13–14.
28. Nancy Turner Banks, AIDs, Opium, Diamonds, the Deadly Virus of International Greed, iUniverse, Inc., Bloomington, Indiana, 2010, pp. 35–36.

deep-pocketed industrialists, readily accepted his recommendations and the alleged need for "public protection." Congress selected the AMA to function as the ever-vigilant doorkeeper and authorized it to approve or disapprove of any of the nation's medical schools based on its criteria. In 1906, there were one hundred sixty medical schools in America. By 1920, there would only be eighty-five; and by 1944, there were only sixty-nine medical schools in the country. Dr. Banks said, "Medical schools are experts at psychological conditioning of white coat repeaters who have been trained by long years of study and chronic fatigue to engage comfortably in totalitarian behaviors that would be criminal without the sanction of the state . . . Enormous iatrogenic mischief and health damage have been caused by intentionally creating a widespread belief among ordinary people that they cannot cope with their own illnesses except by calling on the ministrations of a trained and duly state licensed medical 'expert.'"[29]

Abraham Flexner, a member of the General Education Board of the Rockefeller Foundation, controlled the distribution of about $50 million. He anticipated that the philanthropic grants would stimulate competition among the nation's medical schools. When schools received foundation funds, they were obligated to support a certain "scientific" track even if it countered previously proven methods. AMA members controlled the licensing boards and designed the examination questions to differentiate students who graduated from "unscientific" schools.[30] The media, in conjunction with the AMA, waged a ruthless campaign of disinformation and deception while deliberately concealing successful alternative remedies and the practitioners who actually helped their patients. Dr. Banks wrote, "The loss of faith in the healing power of nature and a dose of common sense has given the medical and pharmaceutical industries a license to kill . . . over 100,000 people are killed on an annual basis by their products . . . over the last ten years . . . over a million died as the consequence of taking a pharmaceutical drug."[31]

Dr. Banks wrote, "Beginning in 1913, the Rockefeller backed General Education Board gave millions of dollars to medical schools

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29. Ibid., pp. 35–36.

30. Barbara Barzansky and Norman Gevitz, editors, Beyond Flexner: Medical Education in the Twentieth Century, Greenwood Press, New York, 1992, pp. 13–14.

31. Nancy Turner Banks, AIDs, Opium, Diamonds, the Deadly Virus of International Greed, iUniverse, Inc., Bloomington, Indiana, 2010, pp. 35–36.

that disregarded naturopathy, homeopathy and chiropractic or any non-toxic healing modality in favor of medicine based on the use of surgery, radiation and especially chemical drugs. Aided by the AMA, a medical monopoly was created. One of the most cleverly diabolical schemes was the ingenious marketing technique of training a cadre of unsuspecting physicians as a sales force for the drugs manufactured by the Rockefeller Trust. The system allows the doctor to remain aloof from the dirty business of selling while giving him the special privilege of being able to write prescriptions for nostrums he has been trained by the very drug companies who manufacture them to prescribe. They are not meant to cure . . . (And) have multiple deleterious effects including death. The effects lead to thousands of deaths a year and untold disabilities."[32]

In 1916, the Rockefeller Foundation started the Johns Hopkins School of Hygiene and Public Health. By 1922, Columbia, Harvard, and Yale universities had established schools of public health. Between 1914 and 1933, the foundation provided $2.6 million to support county health departments and sponsored medical education reform. The National Tuberculosis Association promoted TB treatment and prevention. In the 1920s, the National Consumers League would support maternal and infant health. In the 1930s, the American Red Cross promoted nutrition programs. In the 1940s and 1950s, the March of Dimes supported research that spawned the polio vaccine.[33]

In the early 1900s, there were few local public health boards and no county health departments. In 1910–1911, in Yakima County, Washington, a county sanitation campaign to control a typhoid epidemic gained public support and led to the establishment of a permanent health service and a local health department on July 1, 1911. At the same time, the Rockefeller Sanitary Committee began supporting county hookworm eradication efforts. By 1920, officials had established 131 county health departments; and by 1931, there were 599 of them to serve one-fifth of the American population. In 1950, 86 percent of the American population had access to a local health department. These public health agencies had 34,895 full-time employees.[34]

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32. Ibid., pp. 45–46.
33. CDC, Achievements in Public Health, 1900-1999: Changes in the Public Health System, December 24, 1999, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4850a1.htm, viewed 5/10/2014.
34. Ibid.

The AMA, a doctor's labor union, to protect wages and practice, became the pharmaceutical industry's advocate, along with its products. The two entities formed a symbiotic relationship to exploit the public and create a customer base for the doctors who, with their handy-dandy drug book could prescribe the drugs produced by the drug companies. This "unhealthy" alliance enhanced the physician's credibility as he was authorized and knowledgeable on what drugs to prescribe. The 1938 Food and Drug Cosmetics Act altered the way that the retailing of drugs was handled. It mandated that the FDA had to validate the safety of drugs, but not the efficacy of the drugs produced by the industry. The FDA stipulated that individuals could buy certain drugs only with a doctor's prescription. In 1951, with the Durham-Humphrey Amendment, most new drugs, such as antibiotics, and any refills were only obtainable with a doctor's prescription, which elevated them to a privileged position. Physicians, touting the newest or most effective drugs, became agents for the drug companies with the pharmacists as the intermediaries.[35]

AMA-supported physicians and the drug industry were allies. In 1952, the AMA discontinued publishing its annual book listing the most useful drugs and began allowing drug companies to advertise those drugs approved by the AMA Council on Pharmacy and Chemistry in its journal. By 1957, the AMA decreased the budget for its council on drugs and it, along with its licensed physicians, was now actively working with the drug companies to stimulate the sales of new drugs. Doctor's salaries began to dramatically increase, doubling from 1950 to 1970. Advertisements for drugs increased the AMA's revenues from $2.5 million in 1950 to $10 million in 1960. In 1959, a researcher reviewed the drug advertisements in six medical journals and discovered that 89 percent of the ads failed to mention any side effects. The first psychiatric drugs were introduced to a very receptive public in the 1950s.[36]

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35. Robert Whitaker, *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, Crown Publishing Group, New York, Kindle, 2010, pp. 55–57.

36. Robert Whitaker, *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, Crown Publishing Group, New York, Kindle, 2010, pp. 55–57.

The Contaminated Polio Vaccine

The polio vaccine was contaminated with the deadly carcinogenic SV40 virus, which is found in the kidney cells of the rhesus monkey, the cells that they used to grow the polio virus. In the mid-twentieth century, we were told that polio was a major health crisis that took the lives of over 50,000 people in America. Dr. Jonas Salk developed the inactivated poliovirus vaccine or IPV in 1953, and Dr. Albert Sabin developed the second polio vaccine, the oral polio vaccine, in 1957. Federal agencies began mass vaccinations in 1955. Over ninety million people, worldwide, were vaccinated with the IPV by 1961. Two years later, scientists discovered that it contained SV40, which could infect and cause cancer in human cells.[37]

The *American Journal of Medicine* reported that many studies show the evidence of SV40 from the polio vaccine in brain tumors, bone cancers, malignant mesothelioma, and other cancers. The FDA, given the controversy, alerted drug companies that they would not approve of potentially SV40-contaminated polio vaccines after June 30, 1961. However, the FDA allowed the drug companies to sell their vaccines for two years after the June date to save them from the financial loss on millions of doses. Some vaccine makers added rabbit anti-SV40 antibodies to their viral cultures to counteract the simian virus that may not even be effective in eradicating the SV40. The FDA did not ascertain whether the drug companies actually destroyed their adulterated stocks. The CDC conceded that about ten to thirty million Americans received the contaminated IPV.[38] Dr. Maurice Hilleman admitted that Merck's

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37 Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 30–32.

38. Ibid., pp. 30–32.

vaccines were contaminated and he knew that they were producing cancer in the field trials in Russia involving millions of people.

Quite possibly, the polio vaccine itself caused polio epidemics. The infection rate was high in areas where the people failed to practice good hygiene and sanitation and where housing and nutritional standards were substandard. Paralysis only occurred in about 0.1 percent of all polio infections. Other symptoms were similar to viral infections like influenza. Unethical drug companies, promoted by the government and its pro-vaccine propaganda, simply vaccinated massive segments of the population because it was profitable. In America, following mass vaccination, the incidence of polio increased by 50 percent between 1957 and 1958, and by 80 percent from 1958 to 1959. In at least five states, the incidence of polio doubled after the vaccine operation. When people improved their hygiene and sanitation, the disease disappeared. These historical facts establish a causal connection between vaccination and its consequences. A healthy immune system is the deciding factor in whether an individual becomes ill. Vaccines destroy the immune system that allows disease to develop. Vaccines do just the opposite of what their manufacturers' claim.[39]

One may say the same thing about the recent Ebola scare, which is comparable to the earlier polio scare. A person with an uncompromised immune system is not going to become ill unless, of course, thousands of people accept a newly created profitable vaccine for Ebola, a "disease" that has been around since 1976 in an area that does not have the same health and sanitation standards as more developed countries. Returning to the polio issue, "live virus vaccines against paralytic poliomyelitis, for example, may in each instance produce the disease it is intended to prevent; the live virus vaccines against measles and mumps may produce such side effects as encephalitis. Both of these problems are due to the inherent difficulty of controlling live viruses in vivo (after placed in a live person)" (Jonas and Darrell Salk, *Science*, March 4, 1977).[40]

In 1977, Dr. Jonas Salk admitted to a senate committee that mass polio vaccinations caused most of the polio cases throughout the country since 1961. He said, "Live virus vaccines against influenza or poliomyelitis

39. Ibid., pp. 30–35.

40. Suzanne Humphries, MD., Roman Bystrianyk, Dissolving Illusions, Disease, Vaccines, and the Forgotten History, Kindle, 2013, Locations 3040-3043.

may in each instance produce the disease it intended to prevent . . . the live virus against measles and mumps may produce such side effects as encephalitis (brain damage)." A case of the measles, chickenpox, or scarlet fever usually provides lifelong immunity; and a person rarely, if ever, gets the disease again.[41] From 1930 to 1980, cancer mortality increased from 9 per 100,000 to 80 per 100,000 or 900 percent. Dr. Charles E. Page of Boston said, "No conceivable thing could have caused this increase but the universal blood-poisoning (vaccination) now existing."[42]

Until 1962, drug makers did not have to prove the effectiveness of their new drugs to the FDA. Therefore, it was up to the National Institute of Mental Health (NIMH) to determine the safety of Thorazine, a new drug. In September 1956, the NIMH held a conference to "consider carefully the entire psychotropic question." Specially selected participants addressed the question, "How could psychiatry adapt, for its own use, a scientific tool that had recently proven its worth in infectious medicine: the placebo-controlled, double-blind, randomized clinical trial?"[43]

Further developing a monopoly, the 1963–1974 AMA Committee on Quackery targeted and tried to discredit chiropractors. Psychiatrists, who belong to the AMA, reject chiropractic methods and their nonchemical practices.[44] This was during the same era that corporations sponsored TV shows such as Dr. Ben Casey, Dr. Kildare, Marcus Welby, MD, and other trust-your-allopathic-doctor shows. We would never see a TV show featuring a doctor who saves lives using natural methods or a commercial advocating that temporarily depressed people speak with a therapist, get some sunshine or exercise, or help someone to shift his or her focus. It is all about marketing!

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41. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, p. 1.
42. Dr. Eleanor Elben McBean, Vaccination Condemned by all Competent Doctors, Book One, Better Life Research, Los Angeles, California, 1981, p. 5.
43. Robert Whitaker, *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, Crown Publishing Group, New York, Kindle, 2010, p. 94.
44. Alternative Practitioners Speak Out, Committee on Quackery Hides Psychotropic Drug Proliferation, http://www.cchr.org/sites/default/files/Committee on Quackery Hides Psychotropic Drug Proliferation.pdf, viewed 6/10/2014.

Beginning with that early invasion of the Philippines and the mandatory vaccine programs, the US military later decimated Japan, Germany, and Vietnam, followed by the soft invasions of Central and South American countries. In August 1990, the US military besieged Iraqi's electricity production facilities, nuclear reactors, port facilities, telecommunications equipment, oil refineries and distribution, railroads and bridges. On June 23, 1991, Pentagon officials admitted in a report that they "deliberately did great harm to Iraq's ability to support itself as an industrial society."[45] The CDC altered and increased the number of vaccines in its schedule twice, once in 1991 with the First Gulf War and again in 2001 to accommodate the PATRIOT Act and the "planned" second invasion of Iraq. Those CDC changes affected the US military in the first war, and further changes would affect those who were going to be fighting in the second war.

By the end of the war, Iraq had only 4 percent of its prewar electricity. Invading forces had damaged or rendered unusable fifty railroad and highway bridges between Basra and Baghdad. Bombs destroyed eight multipurpose dams, four of the seven pumping stations, and thirty-one municipal water and sewerage facilities, twenty in Baghdad, which resulted in sewage pouring into the Tigris, Iraqi's water source. Water purification plants were incapacitated throughout Iraq.[46] A UN report from mid-March described "near apocalyptic" damage to the nation's infrastructure, which has left the country in a "pre-industrial age." In addition, "according to the survey team report, the destruction of 9,000 homes has left some 72,000 Iraqis homeless."[47]

General Merrill "Tony" McPeak, air force chief of staff, declared in a March 15, 1991, briefing that this war was "the first time in history that

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45. Barton Gellman, Allied Air War Struck Broadly in Iraq, Washington Post, June 23, 1991, https://www.globalpolicy.org/component/content/article/169/36375.html, viewed 7/28/2014.

46. Article 54 of the Geneva Convention states: "It is prohibited to attack, destroy or render useless objects indispensable to the survival of the civilian population" and includes foodstuffs, livestock and "drinking water supplies and irrigation works," Felicity Arbuthnot, Allies Deliberately Poisoned Iraq Public Water Supply In Gulf War, September 17, 2000, http://www.commondreams.org/headlines/091700-01.htm, viewed 7/28/2014.

47. Felicity Arbuthnot, Allies Deliberately Poisoned Iraq Public Water Supply In Gulf War, September 17, 2000, http://www.commondreams.org/headlines/091700-01.htm, viewed 7/28/2014.

a field army has been defeated by air power," meaning without the use of troops on the ground. He estimated that 88,500 (only 7.4 percent were precision guided) tons of bombs had been dropped in 109,876 aircraft sorties. This was more intense than the 34,000 tons per month during the Vietnam War or the 22,000 tons per month during the Korean War.[48]

The results of the allied bombing campaign were obvious when Dr. David Levenson visited Iraq immediately after the Gulf War, on behalf of International Physicians for the Prevention of Nuclear War. He said, "For many weeks, people in Baghdad, without television, radio, or newspapers to warn them, brought their drinking water from the Tigris, in buckets." People were "dehydrated from nausea and diarrhea, craving liquids, they drank more of the water that made them sick in the first place." He estimates that "many thousands died from polluted water."[49]

After the obliteration of the infrastructure and the accompanying pollution of the water supply, the UN Security Council then inflicted strict economic sanctions on Iraq, with Resolution 661, which began August 6, 1990, and continued until May 22, 2003. Sanctions ended after the "shock and awe" invasion on March 19, 2003. Sanctions for over a decade prohibited the importation of all products and the exportation of products originating in Iraq or Kuwait. Punitive sanctions critically restricted the import of the basic essentials to sustain life, which severely affects the most vulnerable in any society, the children, of which 500,000 perished during that period. The general mortality rate increased dramatically. The sanctions predictably deindustrialized what remained of the country, now dependent on others for agricultural products. The Pentagon, in not restricting its targets to military objectives, waged a total war in which it deliberately destroyed infrastructure that deindustrializes a country, making it incapable of supporting itself.[50]

The US military first invaded Afghanistan followed by a second invasion of Iraq. The United States is still in Iraq, once a self-sustaining country whose citizens enjoyed a high living standard, but is now a desperately impoverished nation whose previous health care system is nonexistent. On April 10, 2014, UNICEF, which purchases 40 percent

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48. Ibid.

49. Ibid.

50. Barton Gellman, Allied Air War Struck Broadly in Iraq, Washington Post, June 23, 1991, https://www.globalpolicy.org/component/content/article/169/36375.html, viewed 7/28/2014.

of the vaccines for third world or, in this case, war-torn countries, began a polio vaccine campaign after the discovery of the first confirmed case of polio. This is actually the second national immunization campaign, the first one being in March. Marzio Babille, UNICEF's representative in Iraq, indicated that the organization wanted to vaccinate every Iraqi child with the three WHO-recommended doses of the vaccine, especially the "five and half million children under the age of five."[51]

One must ask, has the US military and does it continue to invade other nations, using various justifications, in order to establish the WHO and the provably unhealthy Western health system, often replacing more effective health-enhancing medical modalities. Bush claimed it was about liberating the Iraqi nation and bringing democracy, which might include the Western medical system. Given America's health statistics, no one would willingly embrace America's medical protocols. A sick, highly medicated, chemically lobotomized population is incapable of fighting tyranny, of retaining and protecting a nation's natural resources. Many people believe that the US military invades other countries in order to establish a central bank and seize intellectual and natural resources. I suggest that it is also to medically indoctrinate and drug-decimate the native population in the name of long-term guaranteed Big Pharma profits. There are many countries that the legitimate, not to mention the illegitimate drug industry now does business within, including Japan, China, Vietnam, Germany, and many Middle East countries.

For over six decades, the drug industry has concealed the dangers of vaccinations in the name of profit. Under normal circumstances, the body's natural defenses and immune system neutralize diseases as they enter the body through the nose, mouth, skin, or lungs. However, vaccines are injected directly into the bloodstream and bypass the body's very effective defense system.[52]

Dr. Viera Scheibner wrote, "The documented truth is that the incidence of and mortality from any infectious diseases which used to decimate populations of Europe only some one hundred years ago declined by up to 90% before any vaccine has ever been used in

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51. Louise Redvers, Vaccines alone cannot beat polio in Iraq, http://www.irinnews.org/report/99922/vaccines-alone-cannot-beat-polio-in-iraq, viewed 7/28/2014.

52. James King, Vaccinations—The $24 Billion Industry, What are vaccinations, or immunizations? December 9, 2011, http://www.doesntevenmakesense.com/vaccines/, viewed 8/20/2014.

mass proportions. Also, diseases, like bubonic plague or scarlet fever disappeared without any vaccination programs at all. The mortality from the dreaded diphtheria declined decades before Corynebacterium diphtheria had even been discovered and isolated."[53]

53. Viera Scheibner ph. D, *Vaccination, 100 years of Orthodox Research Shows that Vaccines Represent a Medical Assault on the Immune System*, Australian Print Group, Maryborough, Victoria, Australia, 1993, Introduction, p. xvii.

National Childhood Vaccine Injury Act

Currently, the CDC-recommended vaccine schedule mandates at least thirty-five doses of fourteen vaccines between an individual's birth up to the age of six with an additional twenty more doses by the age of eighteen.

- Hepatitis B1 (HepB) (3 doses)
- Rotavirus2 (RV) RV1 (2-dose series); RV5 (3-dose series)(2 doses)
- Diphtheria, tetanus, and acellular pertussis3 (DTaP: <7 years)(5 doses)
- Tetanus, diphtheria, and acellular pertussis4 (Tdap: >7 years)(1 dose)
- Haemophilus influenzae type, b5 (Hib)(4 doses)
- Pneumococcal conjugate, (PCV13)(4 doses)
- Pneumococcal polysaccharide, (PPSV23)
- Inactivated poliovirus7 (IPV)(<18 years)(4 doses)
- Influenza (IIV; LAIV) 2 doses for some: See footnote 8(annual)
- Measles, mumps, rubella, (MMR)(2 doses)
- Varicella (VAR)(2 doses)
- Hepatitis A (HepA)(2 doses)
- Human papillomavirus, (HPV2: females only; HPV4: males and females)(3)
- Meningococcal13 (Hib-Men-CY > 6 weeks; MenACWY-D>9 months; MenACWY-CRM. 2 months)(1 dose)[54]

[54] Recommended immunization schedule for persons aged 0 through 18 years, http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf, viewed 8/8/2014.

Following World War II, manufacturers began using peanut oil as an excipient (a carrier) in penicillin and then later in vaccines, causing IgE antibodies to peanuts.[55] The oil increased the penicillin's effectiveness from about two hours to forty-eight hours.[56] Other pharmaceutical products, such as vitamins, also contain refined peanut oil, all without informing the consumer. Corporations typically conceal such ingredients by claiming that it is a "trade secret."[57] By 1953, about 12 percent of the population was allergic to penicillin.[58] Thousands of children who are allergic to peanuts now carry an EpiPen or the other new product, Auvi-Q, to keep from going into anaphylaxis.

James S. Turner, the author of *The Chemical Feast* (1970), had the opportunity to interview some FDA officials who had supervision over several vaccines. Turner says that these individuals were dedicated and conscientious government employees. The control officer for the diphtheria-pertussis-tetanus (DPT) vaccine said that the DPT shot then in use was the "dirtiest material put into humans." In 1971, the person in charge of quality control worried about the mercury in the vaccines.[59] Starting in the 1970s, there was an increase in lawsuits against drug companies because of injuries caused by the diphtheria, tetanus, and pertussis (DTP) vaccine.[60]

Dr. Robert S. Mendelsohn of Chicago, author of *Confessions of a Medical Heretic* (1979) referred to vaccines as "a medical time bomb" in his book *How to Raise a Healthy Child In Spite of Your Doctor* (1984). He

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55. Heather Fraser, MA BA B. ED; Janet Levatin M.D., The Peanut Allergy Epidemic: What's Causing It and How to Stop It, Skyhorse Publishing, New York, Kindle, 2011, Locations 1780–1781.
56. Tim O'Shea, Vaccination Is Not Immunization 3rd Ed., Immunition, Ltd., Kindle, 2013, Locations 908–909.
57. Heather Fraser, MA BA B. ED; Janet Levatin M.D., The Peanut Allergy Epidemic: What's Causing It and How to Stop It, Skyhorse Publishing, New York, Kindle, 2011, Locations 491–492.
58. Tim O'Shea, Vaccination Is Not Immunization 3rd Ed., Immunition, Ltd., Kindle, 2013, Locations 908–909.
59. Louise Kuo Habakus, Mary Holland, Kim Mack Rosenberg (editors), *Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children*, Skyhorse Publishing, New York, Kindle, 2011, Locations 727–733.
60. National Childhood Vaccine Injury Act, Texas Department of State Health Services, Stock No. F11-11246, Immunization Branch Revised 07/2007.

said, "There is a growing suspicion that immunization against relatively harmless childhood diseases may be responsible for the dramatic increase in autoimmune diseases since mass inoculations were introduced. These are fearful diseases such as cancer, leukemia, rheumatoid arthritis, multiple sclerosis, Lou Gehrig's disease, lupus erythematosus, and the Guillain-Barre syndrome. An autoimmune disease can be explained simply as one in which the body's defense mechanisms cannot distinguish between foreign invaders and ordinary body tissues, with the consequences that the body begins to destroy itself. Have we traded mumps and measles for cancer and leukemia?"[61] He also said, "If you want to be accurate, you'll call the people who give vaccines quacks."

Lea Thompson, then NBC's chief consumer correspondent, produced a TV documentary, *DPT: Vaccine Roulette*, shown in April 1982 in Washington DC. One local television station won an Emmy while NBC's *Today* show declined to show the film. The American Academy of Pediatrics (AAP) and other "experts" denounced and labeled the program as unbalanced, inaccurate, and dangerous. It disclosed the dangers of the DPT vaccine that prompted "leading" physicians associated with the AAP, AMA, and the CDC, then headed by Dr. William Foege, and other medical groups to collaborate to discredit Thompson and anyone affiliated with the broadcast. The CDC-financed Immunization Action Coalition (IAC) persuaded doctors to pressure the network to cancel the broadcast.

In 1982, Dr. Mendelsohn helped create Dissatisfied Parents Together (DPT), now known as the National Vaccine Information Center (NVIC) to oppose mandatory vaccines. Dr. Harold E. Buttram predicted "a large scale immune malfunction following the current childhood vaccination schedule." Mendelsohn, referring to the DPT shot, said on a television show, "The danger is far greater than any doctors here have ever been willing to admit." The *Journal of the American Medical Association* (*JAMA*) quickly criticized him. In 1982, the AAP declined a proposal by its members to give parents detailed vaccine information, including risks

61. Robert S. Mendelsohn, How to Raise a Healthy Child in Spite of Your Doctor, Ballantine Books, New York, 1984, pp. 232–233.

and benefits.[62] In 1982, after many complaints and negative attention, an FDA panel concluded that thimerosal, a neurotoxin, was unsafe and ineffective as a bacteriostatic and caused cell damage. The FDA proposed regulations for its removal from all over-the-counter products and vaccines.

In addition to the TV documentary, in 1982–83, Barbara Loe Fisher and Harris L. Coulter coauthored *DPT: A Shot in the Dark, Why the P in the DPT Vaccination May Be Hazardous to Your Child's Health*, a book examining the dangers of that particular vaccine. That book, according to Coulter, as well as the documentary, helped change public policy and legislation. Some members of Congress read the book, and ultimately five years later, Congress passed a compensation law for families who had a child suffering an adverse vaccine reaction. By 1995, that program had paid about $700 million to victim families.[63]

On November 14, 1986, during Ronald Reagan's administration, Congress passed the National Childhood Vaccine Injury Act (NCVIA)[64] in response to parental concerns over the DPT vaccine and its adverse effects and in response to Fisher and Coulter's book. This act also established the Vaccine Adverse Event Reporting System (VAERS), to which physicians, health care providers, and parents could report adverse events. The act also created the National Vaccine Program Office (NVPO) under the jurisdiction of the Department of Health and Human Services (DHHS). It coordinates immunization-related activities between all DHHS agencies, including the CDC, the FDA, the National Institutes of Health (NIH), and the Health Resources and Services Administration (HRSA).

The NCVIA mandates that all health care providers who dispense vaccines containing diphtheria, tetanus, pertussis; polio; measles; mumps;

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62 Louise Kuo Habakus, Mary Holland, Kim Mack Rosenberg (editors), *Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children*, Skyhorse Publishing, New York, Kindle, 2011, Locations 1741, 5425–5431, 5718, 5911–5913.

63. William Berno, Harris Coulter Interview: History, Vaccinations, and "Mongrel Prescribing," October 1995, http://www.whale.to/vaccines/coulterint.html, viewed 8/5/2014.

64. National Childhood Vaccine Injury Act, http://www.hrsa.gov/vaccinecompensation/index.html.

rubella; hepatitis B; Haemophilus influenzae type B; and varicella must provide a vaccine information statement (VIS) to the recipient or parent prior to each and every vaccination, including the multi-dose series. The VIS contains a brief description of the disease and the vaccine's risks and benefits. The CDC developed and distributed the VIS to state and local health departments and individual providers. The CDC is well aware of the many vaccine risks. In 1993, the AAP's efforts would greatly diminish the amount of information that doctors were to provide to their patients or to parents.

The objective of this legislation was to reduce the potential financial liability of drug makers due to vaccine injury claims. It also assured a stable market supply of drugs and vaccines, along with cost-effective arbitration for the inevitable vaccine injury claims. On October 1, 1988, under the NCVIA, officials created the National Vaccine Injury Compensation Program (NVICP) to provide a federal no-fault system for compensating vaccine-related injuries or death by establishing a claim procedure involving the United States Court of Federal Claims and special masters (usually attorneys). It is often referred to as the vaccine court. An individual may not file a claim in a state or federal civil court. Instead, all claims must be heard in the Court of Claims, which has no jury. Congress passed the NCVIA, just to protect the industry, in response to its proposed threat to the vaccine supply due to the early 1980s scare over the DPT vaccine. Since its inception, the program has been funded by an excise tax of seventy-five cents on every purchased dose of covered vaccine. The financial burden is on the patient, *not* on the drug company or the doctor who administered the vaccine.

Congress enacted the legislation associated with the NCVIA, which created the taxpayer-funded VICP, which initially appeared to act for the benefit of injured families but actually operates to circumvent the Constitution y disallowing a trial by jury to the injured parties. According to attorneys Mary Holland and Robert Krakow, this functioned as a "corporate bailout for the pharmaceutical industry, because it forced the public—rather than the industry—to pay for the damage from the 'unavoidably unsafe' products."[65] Prior to October 1,

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65. Louise Kuo Habakus, Mary Holland, Kim Mack Rosenberg (editors), *Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children*, Skyhorse Publishing, New York, Kindle, 2011, Locations 958–972.

1988, tax dollars paid the compensation for vaccine damages from a fund that Congress set up with an allocated amount of $110 million per year. After that, the Vaccine Injury Compensation Trust Fund awards vaccine damages financed by that special excise tax that consumers or patients pay on each dose of any covered vaccine.[66] For instance, a consumer pays $ .75 for a flu shot as it prevents one "disease" and $2.25 extra for an MMR shot as it supposedly prevents measles, mumps, and rubella.[67]

The NCVIA allows manufacturers to conceal the dangerous ingredients in their vaccines. They are immune from all liability and may withhold information from those who are being vaccinated. Injured parties must abide by the decisions of the vaccine court that safeguards the vaccine manufacturers from accountability while paying the victims off. This saves the drug makers from bad press, maintains their market position, and allows them to continue operating. Since then, there have been about 2,500 privately compensated cases due to vaccine-induced brain injury. Out of those cases, eighty-three of them were for autism.[68] Dr. Mark Sircus asks a very pertinent question, "If vaccines posed no safety problems, why has the U.S. Vaccine Court awarded more than $ 2 billion dollars to settle 2,500 cases involving vaccine-related debilitating injuries in children?" [69]

In conjunction with the NCVIA, the HRSA has a Vaccine Injury Table that lists paralytic disorders, anaphylaxis, seizures, and death. However, for compensation purposes, there is a very short window of time, from four hours to six months during which these "events" may occur. Many adverse reactions are cumulative, especially those involving the mercury concentration.[70] In 1993, Dr. David Kessler, the former head of the FDA, admitted that only 1 percent of the "serious adverse drug

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66. National Childhood Vaccine Injury Act, http://www.hrsa.gov/vaccinecompensation.

67 National Vaccine Injury Compensation Program, http://www.hrsa.gov/vaccinecompensation/index.html, viewed 7/4/2014.

68. Lance Johnson, How the vaccine industry keeps itself "immune" from the Constitution, December 17, 2013, http://www.naturalnews.com/043261_vaccine_industry_legal_immunity_US_Constitution.html##ixzz2zGrboaT4; viewed 4/19/2014.

69. Mark Sircus, Iodine - Bringing Back the Universal Medicine, International Medical Veritas Association, Kindle Edition, 2011, Locations 1196-1197

70. Vaccine Injury Table, http://www.hrsa.gov/vaccinecompensation/vaccineinjurytable.pdf, viewed 6/13/2014.

events are reported. This could mean that there are potentially 1,200,000 adverse events from vaccine occurring each year."[71] As of March 10, 1995, Donna Shalala, then the DHHS secretary, without a vote or oversight, removed all "residual seizure disorders" from the Vaccine Injury Table in the National Childhood Vaccine Injury Act. Seizures are common adverse reactions so we can assume that her decision reduced the number of judgments.[72]

As mentioned, the taxpayers have paid $2 billion in compensation and legal fees in claims over the last two decades. The Department of Justice (DOJ), with an unlimited budget, represents the DHHS in the Court of Federal Claims. The doctors who administer the vaccines and the various drug companies are never defendants in the VICP. They do not suffer the consequences of their actions; the taxpayers do, just as they pay for the vaccines, psychiatric drugs, and the medical care of thousands of vaccine victims in the military.[73]

On March 24, 1997, the CDC published a list of the recommended vaccines for routine administration to children. However, before those vaccines can be covered under the VICP, Congress would have to establish an excise tax on any new vaccines. The government will allow eight years' retroactive coverage for those claiming injury or death resulting from a newly added vaccine to the VICP. The government initially covered diphtheria, tetanus, pertussis (DTP), DTaP, DT, TT, Tdap (whooping cough), or Td (tetanus, diphtheria), measles, mumps, rubella (MMR or any components), and polio (OPV or IPV). The CDC added hepatitis B, Haemophilus influenza type B, and varicella (chickenpox) vaccines, effective August 6, 1997, and rotavirus (diarrhea) effective October 22, 1998. On May 22, 2001, the DHHS secretary published a statement in the Federal Register, adding the pneumococcal conjugate vaccines to the Vaccine Injury Table with an effective date of December 18, 1999. The CDC added hepatitis A vaccine to the VICP effective December 1, 2004, and the trivalent influenza vaccines, effective July 1, 2005. The CDC added meningococcal (conjugate

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71. Louise Kuo Habakus, Mary Holland, Kim Mack Rosenberg (editors), *Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children*, Skyhorse Publishing, New York, Kindle, 2011, Location 5085.
72. Ibid., Locations 2193–2200.
73. Ibid., Locations 711, 976.

and polysaccharide) and human papillomavirus (HPV) vaccines as of February 1, 2007.[74]

Representative Dan Burton introduced the National Vaccine Injury Compensation Program Improvement Act of 2002 on February 13, as well as the National Vaccine Program Improvement Act of 2005 on March 16, to improve the VICP. Burton, as chair of the House Committee on Government Reform and chair of the Subcommittee on Human Rights and Wellness (1997–2004), held about two dozen hearings on vaccine safety. With the testimony of numerous parents, he helped to bring the connection of vaccines and autism to national prominence.

Representative Henry Waxman, a strong vaccine proponent, continued to oppose and try to obfuscate the link between autism and vaccines while promoting the idea that autism is strictly genetic. He was part of the 1997 hearing and suggested that Burton was looking for "cheap publicity" and was "playing to the media." Waxman said, "What we have in this hearing is a sensationalization by the chairman in order to get all these cameras to report to the American people that there is this connection because he believes it, and many other people believe it, and therefore a lot of others who watch this will think, 'I will not immunize my children.'"[75] In another hearing years later, Connecticut assistant attorney general Patrick B. Kwanashie said, in referring to the release of vital information, "It is harmful, because then you can cause a lot of people to stop taking their medications."[76]

As of October 2002, more than 875 families had filed petitions for compensation, alleging that a vaccine or a series of vaccines caused their child's autism. Petitions for compensation are adjudicated before the team of special masters, with the DOJ representing the government. Under the program, victims of vaccine injuries are not allowed to file lawsuits against vaccine manufacturers unless they have first sought compensation

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74. National Childhood Vaccine Injury Act, http://www.hrsa.gov/vaccinecompensation.

75. David Kirby, Evidence of Harm, Mercury in Vaccine and the Autism Epidemic, a Medical Controversy, St. Martin's Press, New York, Kindle, 2012, Location 2290-2293.

76. Brief video of Kwanashie's remarks, published on September 23, 2013, https://www.youtube.com/watch?v=ruMLt_PpU28, viewed 5/13/2014, See full hearing: http://ct-n.com/ctnplayer.asp?odID=9336, viewed 5/13/2014.

through the VICP. Yet, one exception allows lawsuits for vaccine injuries allegedly caused by an "adulterant" or a "contaminant" intentionally added to the vaccine.[77] That would include all vaccines, given their ingredients.

77. Dan Burton, Mercury in Medicine Report, The House of Representatives Tuesday, May 20, 2003, http://www.aapsonline.org/vaccines/mercinmed.pdf, viewed 7/30/2014.

Vaccine Assaults against the Military

As mentioned earlier, towards the end of World War I, technicians had gathered up all of the vaccines on the lab shelves and vaccinated every single U.S. soldier, the first time in history that a government has mandated compulsory inoculations in the military. This is the current schedule:

Vaccine	No. Doses	Initial Entry	Troops in US	Deployed	Region or other	Thimerosal content
Anthrax	6 + annual	N/A	N/A	6 + annual	6 + annual	0
DTaP	N/A	N/A	N/A			0 (or 0.5 mcg/dose
Hib	N/A	N/A	N/A		People without spleens	0
Hep A	3 + boosters	N/A	3 + boosters	3 + boosters	3 + boosters	0
Hep B	3	3	3	3 (Korea)	3 (Korea), Health Care Workers, STDs	0 (or 0.5 mcg/dose

Vaccine	No. Doses	Initial Entry	Troops in US	Deployed	Region or other	Thimerosal content
Influenza A&B	1 annual	1	1 annual	1 annual	1 annual (health workers)	25 mcg/ dose or 24.5, mcg/ dose or 1, mcg/dose or .98 mcg/ dose
Japanese Encephalitis	3 + biannual boosters	N/A	N/A	3 + biannual boosters	3 + biannual boosters (travel rural Asia	35 mcg per 1 mL dose or 17.5 mcg/0.5 mL dose
MMR (live)	1	1	N/A	Seldom needed	N/A (health workers)	0
Meningococcal MGC	1 every 3 years	1	N/A	Within 3 years	Travel to mid-Africa, Arabia	25 mcg/ dose
Pneumococcal_ 17; PCBV–7	N/A	N/A	N/A	N/A	N/A	0
Pneumococcal 123; PPV–23	1	1 (Pendleton)	N/A	N/A	(No spleen, other chronic diseases	0 or 25 mcg/dose
Polio Inactivated IPV	1 booster dose	1	N/A		(Travel Africa Asia)	0
Rabies	Pre(3 doses + booster)	N/A	N/A		Veterinary bites	0
Smallpox (live)	1 every 10 years	N/A	1	1	1	0

Vaccine	No. Doses	Initial Entry	Troops in US	Deployed	Region or other	Thimerosal content
Td; TT	1 every 10 years	1	1 every 10 years	1 every 10 years	1 every 10 years	8 mcg/dose or 25 mcg/ dose
Typhoid Injectable	1 every 2 years	N/A	1 every 2 days	Every 2 years	Every 2 years (travel)	0
Varicella (live)	2 doses if needed	Screen, 2 doses	N/A	N/A	N/A	0
Yellow Fever (live)	1 every 10 years	(N, MC) 1	1 every 10 years	1 every 10 years	1 every 10 years (travel Africa, Pacific, South Am.)	0

Possible Total Thimerosal Exposure: Deployed: 110.5 mcg per shot day; Region or other: 135.5 mcg per shot day

The EPA Safety Limit is 0.1 mcg/kg of body weight per day. The committee calculated the bolus dose exposure of adult males and females below:

Adult weight with exposure rates according to EPA Safety Limit
100 pound: 0.1 mcg/45.359 kg of body weight per day = 4.54
120 pound: 0.1 mcg/54.431 kg of body weight per day = 5.44
150 pound: 0.1 mcg/68.039 kg of body weight per day = 6.8
180 pound: 0.1 mcg/81.647 kg of body weight per day = 8.16

Clearly, per the chart, the maximum safe limit is 8.16 micrograms in one day. Individuals receiving either 110.5 micrograms or 135.5 micrograms in one day are at risk of mercury exposure and adverse reactions. Dr. Roberta McKee of Merck said, "A number of environmental and public health agencies have set a Minimum Risk Level (MRL) for toxic substances. MRL for ingestion is conceptually equivalent to the Reference Dose of the US Environmental Protection Agency, the Acceptable Daily Intake of the US FDA, and the Tolerable Daily Intake of the WHO. Any exposure to the substance below the MRL is assured

to be safe, while exposure to ten times the MRL is assumed to place one at risk of overdose. Exposure at or near the MRL is assumed to be safe but should trigger deliberate and careful review." Considering the safety margin of ten times the limit, individuals at each of these weights would experience levels of mercury that would put them at risk for adverse reactions. See the current vaccine recommendations for the military. [78] Thimerosal is still in the flu vaccine.[79]

78. Military Vaccinations, http://usmilitary.about.com/od/theorderlyroom/l/blvaccinations.htm, or http://www.vaccines.mil, viewed 8/2/2014.

79. Do the 2013-2014 seasonal flu vaccines contain thimerosal? http://www.cdc.gov/flu/protect/vaccine/thimerosal.htm, view 8/2/2014.

Thimerosal, the Trojan Horse of the Psychopharmacological Industry

Dr. Boyd Haley said, "I think that the biological case against thimerosal is so dramatically overwhelming anymore that only a very foolish or a very dishonest person with the credentials to understand this research would say that thimerosal wasn't most likely the cause of autism."[80]

Exposure to mercury (Hg), a silver-colored metal, and other forms of mercury, can injure the central nervous system (brain) and the renal system (kidneys). Producers have used thimerosal, almost 50 percent each ethylmercury and thiosalicylic acid, in various medicines since the 1930s. Thimerosal is an organic compound made up of almost equal parts of thiosalicylic acid and ethylmercury (49.6 percent). Dr. Morris Kharasch (1895–1957), a chemist born in a shtetl in what is now Ukraine was a "major talent in the Chemical Warfare Service," working on chemical weapons research during both world wars. He later teamed up with Max Engelmann and DuPont, the chemical company that filed a trademark patent for a poisonous ethylmercury fungicide called Ceresan on May 13, 1929. By the late 1930s, farmers used it on tomatoes, tobacco, cotton, cabbage and other crops. Kharasch filed a patent on June 27, 1929, for what he felt would work as an antibacterial product, marketed by Eli Lilly. In October 1929, Eli Lilly registered thimerosal under the trade name Merthiolate, a product used in antiseptic ointments, creams, jellies, and sprays. Manufacturers also added it to nasal sprays, eye drops, contact

80. Boyd Haley Ph.D., http://whale.to/v/haley.html. Viewed 8/21/2014.

lens solutions, immunoglobulins, and vaccines. [81] [82] In the 1920s, DuPont supplied an ethylmercury chloride called K-1, invented by Kharasch, who retained the patent, under the trade name Lignasan. In 1930, the forestry industry used it in Louisiana and southern Mississippi to battle fungus and other pathogens, especially sap or blue stain. Soon, it was used all over the country on lumber that was used to construct homes but later proved inefficient and ultimately biologically dangerous compared to the products previously in use. [83]

Internal documents indicate that Eli Lilly tested thimerosal on twenty-two patients, all of whom died within a few weeks, but the company published false claims of its safety despite the deaths.[84] Lilly's own studies showed that it was "toxic to tissue cells" when mixed one part per million, 100 times less than in a standard vaccine.[85] On July 22, 1935, the Pitman-Moore Company wrote to Eli Lilly, "In other words, Merthiolate (thimerosal) is unsatisfactory as a preservative for serum intended for use on dogs . . . we have tested Merthiolate on humans and find that it gave a more marked . . . reaction than does phenol or tricresol."[86] Although used in vaccines and numerous biological and drug products since the 1930s, the FDA, since 1973, has mandated the use of thimerosal as a preservative without ever conducting adequate testing of its safety. Eli Lilly no longer makes the product but profitably licensed it to others.

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81. Dan Burton, Mercury in Medicine Report, The House of Representatives Tuesday, May 20, 2003, http://www.aapsonline.org/vaccines/mercinmed.pdf, viewed 7/30/2014

82. Dan Olmsted, Mark Blaxill, The Age of Autism: Mercury, Medicine, and a Man-Made Epidemic, St. Martin's Press, New York, Kindle, 2010, Locations 2701-2703

83. Dan Olmsted, Mark Blaxill, The Age of Autism: Mercury, Medicine, and a Man-Made Epidemic, St. Martin's Press, New York, Kindle, 2010, Locations 2751-2760

84. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 161-162.

85. Robert F. Kennedy, Jr., Mercury in Vaccines: The Appalling Truth Revealed, http://www.beinghealthynaturally.com/childrenbabyhealth/dangersvaccine.php, viewed 6/10/2014.

86. The Viability of Using Non-mercury Preservatives in Vaccines, Prepared by the Coalition for Mercury-free Drugs (CoMeD), Inc., 2010.

In 1964, Bernard Rimland PhD published his book, *Infantile Autism: The Syndrome and Its Implications for a Neural Theory of Behavior.* He opposed the psychoanalytic theory of autism, stating that there was a biological, specifically a neurological, basis for autistic behavior. He documented the comparisons between brain-injured children and autistic children, emancipating parents from the guilt associated with having an autistic child. He redirected autism research by investigating the biological mechanisms causing the brain and immune dysfunction symptoms and their possible causes. The increasing amount of mercury used in childhood vaccines probably triggered an autistic response in children who might have been genetically vulnerable to mercury damage.[87]

Although "preservatives cannot completely eliminate the risk of contamination of vaccines," as approved by the CDC in January 1968, manufacturers have regularly used thimerosal in drug products. This includes vaccines, particularly in larger cost-effective multi-dose vials (multiple needle entries), to enhance shelf life and to prevent bacterial and fungal contamination.[88] Many live-virus vaccines never contained thimerosal as the ethylmercury in it would kill the living virus, making it unsuitable. These vaccines include the MMR vaccine, the oral polio vaccines (no longer recommended in the United States), and the chickenpox (varicella zoster) vaccines. Only the DPT contained thimerosal.[89] Thimerosal is composed of 49.6 percent ethylmercury, a dangerous neurotoxin, most especially the central nervous system. It is very toxic to infants and to the unborn, both of which have still developing brains.[90]

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87. Dan Burton, Mercury in Medicine Report, The House of Representatives Tuesday, May 20, 2003, http://www.aapsonline.org/vaccines/mercinmed.pdf, viewed 7/30/2014.

88 Thimerosal in Vaccines, September 27, 2006, www.fda.gov/cber/vaccine/thimerosal.htm, See also http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/UCM096228, viewed 7/2/2014.

89. Dan Burton, Mercury in Medicine Report, The House of Representatives Tuesday, May 20, 2003, http://www.aapsonline.org/vaccines/mercinmed.pdf, viewed 7/30/2014.

90. Daniel Dunkin, Recombivax Hepatitis B Vaccine Ingredients, http://voices.yahoo.com/recombivax-hepatitis-b-vaccine-ingredients-1885132.html?cat=70, viewed 5/10/2014.

The following information is from *Autism: A Novel Form of Mercury Poisoning*, written by the persistent and courageous people who created the organization, Safe Minds. Autism is characterized by delays or abnormal functioning, often before the age of three, in one or more of these areas: (1) social interaction; (2) communication; and (3) restricted, repetitive, and stereotyped patterns of behavior, interests, and activities.

People have typically viewed and often treated autism as a psychiatric rather than a biological condition. Kerri Rivera states, "Almost every child with autism suffers from similar pathogens (viruses, bacteria, candida, and parasites), heavy metal toxicity, inflammation and allergies." [91] Physicians base their autism diagnosis on the following characteristics: (a) impairments in sociality such as social withdrawal or aloofness and (b) various stereotypic behaviors such as an aversion to changes, which appears similar to obsessive-compulsive inclinations. Using the *DSM*, they label or diagnose children as having "schizophrenia, depression, obsessive–compulsive disorder (OCD), anxiety disorder, and other neuroses." These children may exhibit the following: irrational fears, poor eye contact, aggressive behaviors, temper tantrums, irritability, and inexplicable changes in mood. Likewise, they often diagnose mercury poisoning, another biological ailment, as a psychiatric disorder. The symptoms of mercury poisoning (HgP) include (a) extreme shyness, indifference to others, active avoidance of others, or a desire to be alone; (b) depression, lack of interest, and mental confusion; (c) irritability, aggression, and tantrums in children and adults; (d) anxiety and fearfulness; and (e) emotional liability.[92]

Other commonly seen attributes of autism spectrum disorder (ASD) are deficiencies in communication skills. Typically, many children who are diagnosed as autistic have great difficulty in articulating or communicating in a meaningful way. Children diagnosed with Asperger syndrome usually function at a higher level but still exhibit some of the same speech patterns. "In many cases of ASD, verbal IQ is lower than performance IQ." Likewise, vaccine-mercury-exposed children, as well

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91. Kerri Rivera with Kimberly McDaniel & Daniel Bender, Healing the Symptoms Known as Autism, Second Edition, Chicago, Illinois, 2014, p. xxi

92. S. Bernard, A. Enayati, L. Redwood, H. Roger, T. Binstock, Autism: a Novel Form of Mercury Poisoning, ARC Research, Cranford, New Jersey, Harcourt Publishers Ltd., Medical Hypotheses, 2001, pp. 462-471, http://www.safeminds.org/research/library/Bernard-et-al-2001.pdf, viewed 7/8/2014.

as adults demonstrate "difficulty with speech." Most patients diagnosed with ASD or HgP exhibit "disorders of physical movement," such as clumsiness or lack of coordination that is also applicable to "many higher functioning ASD individuals." Infants might fail to crawl appropriately. Other behaviors may include "toe walking, rocking, abnormal postures, choreiform movements (involuntary, forcible, rapid, jerky movements), spinning; and hand flapping."[93]

All ASD patients exhibit various sensory abnormalities. Some individuals experience auditory deficits such as hearing loss. They may also experience sensitivity to sound, in conjunction with difficulties with language comprehension. Individuals may also have an increased or decreased reaction to pain and an aversion to touch. They may also be supersensitive to light and exhibit other visual disturbances. Just as in autism, all HgP victims report these same sensory issues, including hearing loss, speech impairment, and "exaggerated reaction to noise."[94]

The biological abnormalities common to autism correspond to those resulting from mercury exposure. "Autism is a neurodevelopmental disorder which has been characterized as 'a disorder of neuronal organization, or the development of the dendritic tree, synaptogenesis, and the development of the complex connectivity within and between brain regions.'" Organic mercury has the capacity to cross the blood-brain barrier (BBB) and "preferentially targets nerve cells and nerve fibers" and accumulates in the brain. Most cells respond to mercury exposure by modifying the body's level of glutathione (GSH). If one's neurons are somehow deficient and unable to respond, they are then unable to expel mercury. "In the developing brain, mercury interferes with neuronal migration, depresses cell division, disrupts microtubule function, and reduces NCAMs."[95]

To reiterate, some of the following characteristics of the many symptoms of mercury poisoning may also be present with those diagnosed with autism. From my research, it seems reasonable to consider

93. Ibid.
94. Ibid.
95. Ibid.

that Adam Lanza experienced some of the following as a result of the vaccines that he probably received:

apathy, feelings of (especially toward property and personal affairs)
autoimmune diseases (through methionine mimicry and other processes)
anorexia nervosa
anxiety
attention deficit disorder (ADD)
attention deficit hyperactivity disorder (ADHD)
autism
depression
hyperacusis (sensitivity to certain sounds)
immune suppression (weak immune system)
learning disabilities
obsessive-compulsive disorder (OCD)
panic attacks
phobias, general
photophobia (sensitivity to light from weak iris response)
self-esteem, lack of
shyness
social separation/isolation
suicidal thoughts

For more information, one might view a slideshow by Dr. David Ayoub.[96] Additionally, for a very comprehensive list, interested parties may access the late Dr. Hal Huggins checklist of symptoms related to mercury toxicity.[97]

In 1991, Dr. Maurice Hilleman, a retired senior vice president of Merck, wrote a confidential seven-page memo to Dr. Gordon Douglas, then chief of Merck's vaccine division. Dr. Hilleman acknowledged in his letter that "almost half, 49.65% of the weight of thimerosal is mercury." He also said that certain Scandinavian countries had banned the use of

96. Dr. David Ayoub, http://media.orbisvitae.com/assets/pdf/Mercury,-Autism,-and-the-Global-Vaccine-Agenda.pdf, viewed 8/20/2014.
97. Dr. Hal Huggins, http://www.drhuggins.com/, viewed 8/20/2014.

thimerosal in vaccines, which meant that Merck's immediate "concern is to be able to qualify for sale of single-dose products in Sweden and in Norway and Denmark." Dr. Hilleman said, regarding the mercury, "The mercury load appears rather large." He also said, "It is reasonable to conclude, however, that thimerosal should be removed from single-dose vials when it can be removed, especially where use in infants and young children is anticipated."[98]

Merck ignored the evidence regarding mercury and neurological disorders by resorting to the "causal link" justification, despite Dr. Hilleman's internal memo admitting culpability. Merck and other drug makers could have avoided many problems by just making single-dose vaccines instead of the multi-dose vaccines, which contained the preservative as required by the CDC. The drug companies were more concerned about profits than they were about the nation's children and those in developing countries. Thus, the drug makers maintained their production of multi-dose vaccines at a time when the CDC knowingly added additional shots to the Childhood Vaccine Schedule.[99]

Dr. H. Vasken Aposhian, professor of Molecular and Cellular Biology and Pharmacology, University of Arizona, discussed thimerosal's history during congressional testimony, "I don't know any medical community or scientific community that would agree to the need for having thimerosal in any vaccine." By 1999, over fifty licensed vaccines contained thimerosal. A document published in 1934 noted, "Little is known about the mercuric compounds when inoculated into humans."[100]

In 1999, the FDA decided not to recall thimerosal-containing vaccines. In addition to the million who had already suffered injury, the FDA thus allowed 8,000 children a day to be "at risk for overdose" for another two years. Infants and young children are "five times more sensitive to the toxic effect of mercury or other neurotoxins than adults." In recent years, the FDA admitted that "many children received doses of

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98. Maurice R. Hilleman, WP 26-200B, to Dr. Gordon Douglas RY33-76, Vaccine Tack Force Assignment Thimerosal (Merthiolate) Preservative Problems, Analysis, Suggestions for Resolution.

99. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 161-162.

100. Dan Burton, Mercury in Medicine Report, The House of Representatives Tuesday, May 20, 2003, http://www.aapsonline.org/vaccines/mercinmed.pdf, viewed 7/30/2014.

ethylmercury through their vaccinations that exceeded the EPA's minimal risk level for methylmercury," as well as the FDA's safety limits. In March 2001, the FDA stated, regarding methylmercury, "Some fish contain high levels of a form of mercury called methylmercury that can harm an unborn child's developing nervous system if eaten regularly."[101]

In December 2000, the EPA issued new policies regarding mercury emissions from coal- and oil-fired power plants. Further actions were put into place to reduce emissions to 69 percent per President George W. Bush's Clear Skies Initiative. The EPA regulates mercury from municipal and medical waste. The EPA set the acceptable level at 0.1 micrograms of mercury per kilogram of body weight per day. An eleven-pound baby could be exposed to up to 0.5 micrograms of mercury per day and be considered safe. Yet, numerous vaccines contained 25 micrograms of mercury until recently.[102]

In 2001, the CDC, for some reason, refused the opportunity to implement thimerosal-free vaccines, which the drug industry manufactured and offered for use in the United States. Producers later removed ethylmercury from the key vaccines for use in the United States, except the influenza vaccine. Too little, too late for millions of children who suffer the adverse effects of mercury, which many believe caused an epidemic of autism spectrum disorders and neurological and behavioral disorders.[103]

On May 20, 2003, Representative Dan Burton presented information to the House of Representatives regarding mercury in medicine, especially in vaccines. To summarize, he said, "Vaccines are the only medicines that American citizens are mandated to receive as a condition for school and day care attendance, and in some instances, employment."[104] Indeed, if vaccines were the preventative medical miracles that their manufacturers imply them to be, why do they aggressively lobby, with cash in hand, for legislation that compels compliance for the masses to receive them, particularly without providing informed consent?

Biomed Research International conducted a study, *Methodological Issues and Evidence of Malfeasance in Research Purporting to Show*

101. Ibid.
102. Ibid.
103. Ibid.
104. Ibid.

Thimerosal in Vaccines Is Safe, which revealed the CDC's concealment of the "causal link" between thimerosal and it dangers to infants and children. More than 165 unbiased studies revealed that thimerosal is harmful. Sixteen of those studies evaluated the effects of thimerosal on infants or children who experienced adverse reactions, such as death, acrodynia, poisoning, allergic reaction, malformations, autoimmune reactions, Well's syndrome, developmental delay, and neurodevelopmental disorders, including tics, speech delay, language delay, ADD, and autism.[105]

The CDC claims that there is "no relationship between thimerosal-containing vaccines and autism rates in children." Even the CDC's own study revealed a 7.6-fold probability of autism as a result of thimerosal exposure during infancy. The CDC's current position that thimerosal is safe is based on six studies that the CDC commissioned, which disagree with the conclusions of numerous independent research groups in Denmark, Sweden, the United Kingdom, and elsewhere. The CDC refers to various other publications to support its claims that thimerosal is safe although those publications do not explicitly address the issue autism and thimerosal. The Biomed Research International reviewers disclosed that a conflict of interest and the CDC's uncompromising pro-vaccine policies motivated five out of the six studies. The CDC's methods resulted in consistent, serious oversights that ignore or dismiss the scientific evidence.[106]

One CDC-sponsored study in 2003 revealed a definite connection between mercury in vaccines and neurodevelopmental disorders. There were five phases in the study. Internal documents indicate that the lead researcher, apparently under pressure, altered the results in each phase to minimize the potential impairment. The new review definitively reveals the dangerous consequences of injecting mercury into infants and children, in addition to the other problematic ingredients in vaccines. AMA-approved doctors, following the Standard of Care, maintain that there is a "scientific consensus on mercury's safety in vaccines." Yet, in

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105. Sayer Ji, Study Finds Evidence for CDC Cover-Up of Link Between Autism and Mercury In Vaccines, Activist Post, June 19, 2014, http://www.activistpost.com/2014/06/study-finds-evidence-for-cdc-cover-up.html, viewed 6/25/2014.

106. Ibid.

2005, the United States, the European Union and other countries began to remove mercury-containing vaccine from their schedules.[107]

Despite the precautionary removal of thimerosal in some vaccines in 2001, autism and autism spectrum disorders continue to be widespread. This removal seemed to be an admission of the dangers of mercury and its adverse health effects. While vaccine makers removed mercury, they replaced it with other vaccine adjuvants, such as aluminum hydroxide, which is every bit as harmful to the immune system and the central nerve system, causing irreparable neurological damage such as autism and developmental conditions.[108] However, in 2006, the FDA admitted, "Thimerosal has been removed from or reduced to trace amounts in all vaccines routinely recommended for children 6 years of age and younger."[109] What constitutes a trace amount? Is a little bit of neurotoxin okay?

Dr. Russell Blaylock has compiled "the most comprehensive review" of adverse vaccine reactions. Scientific evidence demonstrates that the "successive series of vaccinations" required by the government stimulates the brain's immune system, which results in "intense reactions of microglial and astraglia cells (brain's immune system). This is essentially the consequences of the adjuvants included in each vaccine, just for that objective. The microglia and astrocytes are the "first-line-immunological responder cells located in the brain that defend against foreign infectious invaders."[110]

Some invaders are "of limited duration and harmless to the brain." Vaccine adjuvants are designed to overstimulate the microglia and astrocytes "for prolonged periods," which "can be very destructive to the brain." Dr. Harold E. Buttram says, "When microglia are excessively activated by vaccines, especially chronically, they secrete a number of pro-inflammatory cytokines, free radicals, lipid peroxidation products, and the two excitotoxins, glutamate and quinolenic acid, which may become

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107. Ibid.

108. Ibid.

109. Thimerosal in Vaccines, September 27, 2006, www.fda.gov/cber/vaccine/thimerosal.htm, See also http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/UCM096228, viewed 7/2/2014.

110. Harold Buttram M.D., Christina England, Shaken Baby Syndrome or Vaccine Induced Encephalitis, Are Parents Being Falsely Accused?, Authorhouse, Bloomington, Indiana, Kindle, 2011, Locations 512–518.

pro-inflammatory and highly destructive when activated for prolonged periods. This process was suggested as the principle mechanisms resulting in the pathological as well as clinical features of autism."[111]

On April 20, 2012, the Pharmaceutical Research and Manufacturers of America (PhRMA) announced that the pharmaceutical industry is now developing 300 new vaccines. PhRMA represents the nation's top pharmaceutical companies.[112] As of April 1, 2013, the Code of Federal Regulations, Title 21 allows the addition of *preservatives*, *diluents*, *adjuvants*, including aluminum, which is every bit as toxic as mercury. "Any preservative used shall be sufficiently nontoxic so that the amount present in the recommended dose of the product will not be toxic to the recipient . . . Extraneous protein known to be capable of producing allergenic effects in human subjects shall not be added to a final virus medium of cell culture produced vaccines intended for injection." Further, "The Director of the Center for Biologics Evaluation and Research or the Director of the Center for Drug Evaluation and Research may approve an exception or alternative to any requirement in this section."[113]

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111. Ibid, Locations 519–533.

112. Nearly 300 Vaccines in Development for Prevention and Treatment of Disease, http://www.phrma.org/media/releases/nearly-300-vaccines-development-prevention-treatment-disease, viewed 6/5/2014.

113. U.S. Food and Drug Administration, Code of Federal Regulations, Title 21, http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=610.15, viewed 6/10/2014.

Mercury Madness, Autism, and Autism Spectrum Disorders

"Could there be an economic incentive to keep the mercury flowing into our bodies? Poison with one hand and treat with the other while avoiding liability?"

—"Autism and Alzheimer's Disease,"
Dr. Kenneth Stoller, March 6, 2005

In 1972, the government terminated the use of brain-damaging mercury compounds in industrial situations, such as paint and fungicides, as mercury had leached into the environment and was making its way into the human food chain. On October 19, 1980, an FDA advisory committee reported that eighteen OTC products containing mercury were unsafe. The FDA soon began to encourage the removal of ethylmercury from four categories of OTC products: first-aid products, skin-wound protectant, antibiotic or antifungal creams, and anti-inflammatory agents. In 1982, an FDA panel proposed to ban thimerosal from OTC topical ointments as it was "too toxic for OTC use" because of "its potential for cell damage if applied to broken skin and its allergy potential."[114]

In 1985, the Medical Research Council of England published a study in the Archives of Toxicology, in which it compared the toxicology of ethyl and methylmercury. Mercury damages the immune system and may adversely affect the reproductive system. Developing fetal brains are more susceptible and sensitive to mercury toxicity than the adult brains. Mercury may cause severe brain damage, delayed development, neurological abnormalities, and widespread damage to all areas of the

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114. Dan Burton, Mercury in Medicine Report, The House of Representatives Tuesday, May 20, 2003, http://www.aapsonline.org/vaccines/mercinmed.pdf, viewed 7/30/2014.

fetal brain, as opposed to focal lesions seen in adult tissue. Despite the fact that ethylmercury has been widely used in common medical treatments, from vaccines to nasal sprays to ointments, few studies indicate the effect it has on health. The few studies that have been done tend to indicate that ethylmercury is just as toxic as methylmercury. After the lack of safety studies and more than seventy years in the marketplace, people are admitting thimerosal's dangers.[115]

Mercury-containing vaccines cause brain injury, including encephalitis, yet authorities often accuse the parents of shaken-baby abuse. There exists a code of silence among doctors when it comes to connecting adverse reactions to vaccines. The law states, "No vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after October 1, 1988, if the injury or death resulted from side effects that were unavoidable even though the vaccine was properly prepared and was accompanied by proper directions and warnings."[116]

Both the CDC and the FDA ignored the health risks and allowed manufacturers to actually double mercury in childhood vaccines between 1988 and 1992.[117] Up until 1992, the DPT and the whooping cough vaccine contained the carcinogen formaldehyde, along with aluminum and mercury. The improved version DTaP was never tested for safety. Both versions, the DPT and the DTaP, cause death, seizures, developmental delays, and often hospitalization. Doctors administer the DTaP to six-week-old babies even though the vaccine was never tested on this age group.[118] Combining trace amounts of toxin, according to the "universally recognized principle of toxicology," escalates toxicity, often by ten times especially in vaccines—with the combination of two toxic heavy metals, aluminum and mercury. Accordingly, Dr. Blaylock noted

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115. Ibid.

116. Legal Information Institute, 42 U.S. Code § 300aa–22 - Standards of responsibility, http://www.law.cornell.edu/uscode/text/42/300aa-22, viewed 6/12/2014.

117. David Kirby, Evidence of Harm, Mercury in Vaccine and the Autism Epidemic, a Medical Controversy, St. Martin's Press, New York, Kindle, 2012, Locations 81–83.

118. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 139–140.

"the inconsolable, high-pitched cry" that commonly occurs following infant vaccinations as an "encephalitic cry."[119]

In most industrial countries, they administer the DPT shot to infants as young as six to eight weeks old. Many of these countries omit the whooping cough component because of its ineffectiveness in preventing whooping cough and because of its adverse effects. Laboratory evidence demonstrated that the pertussis vaccine is encephalitogenic and causes encephalitis, an inflammation of the brain in animals and babies. Scientists consider pertussis more "reactogenic" than the tetanus and diphtheria components.[120]

Dr. Viera Scheibner wrote, "Proponents of vaccination are so enmeshed in their belief in the efficacy of vaccines that they appear totally oblivious to evidence to the contrary. They are also totally blind to the observed fact that most unvaccinated children do not contract the disease, even after exposure." The pertussis component appears to cause the most severe reactions. The Workshop on Neurologic Complications of Pertussis and Pertussis Vaccination found the following:

1. Vaccines are not standardized between manufacturers.
2. For a given manufacturer, vaccines are not standard from one batch to another.
3. Unless the vaccine is properly prepared and refrigerated, its potency and reactivity varies with shelf life.[121]

Among neurologists, there is a consensus that "although the majority of seizures following pertussis vaccination are associated with fever, they could not be described as febrile convulsions because they are not necessarily benign." They concluded "that there was no demonstrated association between DPT vaccination and SIDS, because sudden death after pertussis vaccination is too rare to be detectable in the context of presently available series." However, Dr. Scheibner points out that

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119. Harold Buttram M.D., Christina England, Shaken Baby Syndrome or Vaccine Induced Encephalitis, Are Parents Being Falsely Accused?, Authorhouse, Bloomington, Indiana, Kindle, 2011, Locations 533–545.

120. Viera Scheibner ph. D, *Vaccination, 100 years of Orthodox Research Shows that Vaccines Represent a Medical Assault on the Immune System*, Australian Print Group, Maryborough, Victoria, Australia, 1993, Introduction, p. 13.

121. Ibid., pp. 53–55.

there are "seven to ten thousand cases of Sudden Infant Death (SID) per year in the United States alone. With DPT vaccination mandatory there can be no doubt the majority of these deaths are attributable to the vaccine."[122]

In 1992, the New Zealand Immunization Awareness Society (IAS) found that vaccinated children suffered from asthma and allergies, along with chronic ear infections and tonsillitis than unvaccinated children. They also experienced more hyperactivity. In May 1996, a report in the *New England Journal of Medicine* disclosed that the tetanus vaccine decreases one's T cells, which incapacitate the immune system in HIV patients. The implications are that vaccines damage one's immune system, even those people without a compromised immune system.[123]

There was a corresponding increase in the reported number of autism and ASD cases between 1988 and 1992. The first case of autism appeared in the early 1940s, shortly after manufacturers began using thimerosal.[124] In the 1970s, one in 2,000 children had autism. In the 1980s, autism was rare, just 1 in every 10,000 births, which jumped to 1 in 500 by the late 1990s. In 2000, it was 1 in 250; and currently, it is 1 in 166 or 60 per 10,000. The rates of ADD, ADHD, speech delay, and other issues have also increased. Reportedly, one in six American children has a mental health disorder. Autism or ASD disorders, "diseases" of industrialized nations or what others have called medicalized countries, affects four times as many boys as girls. Denmark removed thimerosal in 1992, which decreased autism to just 7.7 per 10,000 children[125]

On April 1, 1993, the Clinton administration announced a new bill, the Comprehensive Childhood Immunization Act of 1993 that would provide government-purchased vaccines free to all children regardless of family income, beginning in 1995. It also established a state-based national immunization tracking program. This endeavor to make the government sole purchaser and distributor of childhood vaccines, to rich and poor alike, would cost more than $1 billion a year and would greatly

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122. Ibid., Introduction, pp. 53–55.

123. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 11–12.

124. David Kirby, Evidence of Harm, Mercury in Vaccine and the Autism Epidemic, a Medical Controversy, St. Martin's Press, New York, Kindle, 2012, Location 114.

125. Ibid., Locations 83–88, 91–92.

expand the childhood vaccination schedule, which would also increase the number of children who received an autism diagnosis.

There were already eleven states that had such purchase programs, which had been in place for twenty-five years, including the government's own pilot program in the state of Washington. Even in that state, there was only 51 percent of the children under two years of age who were fully immunized. Many of the vaccines that the government purchased went unused because of the delivery system and working parents, transportation, and other issues. The CDC estimated that over 50 percent of the vaccines were wasted.

The National Research Council of the National Academy of Sciences, a private organization sponsored by the EPA, published the *Toxicological Effects of Methylmercury*. Dozens of researchers participated in the project, which studied the many toxins in the environment and had previously published a series of reports, *Environmental Studies and Toxicology*, over a period of two decades.

Dr. Peter R. Breggin mentioned mercury and its lethality when he referenced a story in the *New York Times* of December 14, 1997, which reported studies conducted in Chicago and New York showing that "mercury vapors are slowly poisoning entire families, particularly small children." Apparently, certain religious practices and "folk tales" suggest that a "few drops" of mercury used for various purposes, "deeply rooted in ancient rites," are beneficial.[126] However, we must consider those mercury-laced vaccines that are injected into the nation's infants/toddlers by the practitioners of what Dr. Robert S. Mendelsohn calls "the Church of Modern Medicine," whose modern chemical-cocktail rituals are far more dangerous than ancient rites.[127]

In 1997, the EPA presented two reports on mercury (Hg) and its impact on the public health and the environment to Congress. The first report was the *Mercury Study Report to Congress*, which disclosed

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126. Peter R. Breggin, Talking Back to Ritalin: What Doctors Aren't Telling You about Stimulants and ADHD, Kindle, Perseus Publishing, Cambridge, Massachusetts, Locations 2965–2972; Mirta Ojito, Ritual Use of Mercury Prompts Testing of Children for Illness, The New York Times, December 14, 1997, p. 53, http://www.nytimes.com/1997/12/14/nyregion/ritual-use-of-mercury-prompts-testing-of-children-for-illness.html, viewed 8/22/2014.

127. Dr. Robert S. Mendelsohn, *Confessions of a Medical Heretic*, McGraw-Hill, New York, 1979 p. xiii.

the source of Hg emissions and its detrimental effects on humans and wildlife, along with suggestions. The second report, the *Utility Hazardous Air Pollutant Report to Congress*, evaluated corporate Hg emissions, especially those from utility companies, such as coal-fired power plants. Mercury changes to methylmercury (MeHg) as it accumulates and concentrates in the food chain, particularly in fish. People, via their consumption of contaminated fish, may experience health issues. This is especially applicable to "sensitive populations." Federal agencies have equivocated over what constitutes a tolerable level of methylmercury exposure. There has been inadequate scientific concern about Hg and MeHg toxicity in relation to human health. In 1999, Congress tasked the EPA with preparing recommendations for the regulation of Hg exposure.[128]

In conjunction with Clinton's National Partnership for Reinventing Government, Congress passed the Food and Drug Administration Regulatory Modernization Act of 1997 (FDAMA), which Clinton signed into law on November 21, 1997, which would take effect on April 1, 1999. Part of that law included reviewing the use of thimerosal as a preservative in vaccines. The FDA had already concluded that thimerosal was unsafe and ineffective as a bacteriostatic agent and caused cell damage. Manufacturers continued using it, knowing that it is a neurotoxin.[129]

In 1996, the CDC found that 1,987 of the 289,456 children aged three to ten years in metropolitan Atlanta were autistic (1 in 146). This was ten times more than the studies from the 1980s and early 1990s. In late 1997, because of the number of its autistic children, a citizen's committee in Brick Township, New Jersey, appealed to the New Jersey DHSS and their local representatives in Congress. Senator Robert Torricelli and Representative Christopher Smith contacted the CDC and for help. The CDC then conducted an investigation and discovered that the rate of autism among children in Brick Township was 4 per 1,000 (1 in 250) children aged three through ten. The CDC also discovered that

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128. Toxicological Effects of Methylmercury, Committee on the Toxicological Effects of Methylmercury, Board on Environmental Studies and Toxicology, National Research Council, Preface, pdf available at http://www.nap.edu/catalog/9899.html, viewed 6/10/2014.

129. First Official Recognition of Thimerosal Dangers Made, May 2003, http://thimerosal-autism-symptoms.com/, viewed 4/15/2014.

the autism spectrum disorder rate was 6.7 per 1,000 (1 in 150) children. The families of Brick Township wanted the CDC to evaluate a possible connection between autism and vaccines, which the CDC decided not to do. The CDC's findings were inconclusive regarding Brick Township. In California, the number of autistic individuals has nearly tripled. The state legislature funded a study, conducted by the University of California at Davis, which concluded that the rate of autism grew by 273 percent between 1987 and 1998.[130]

On December 14, 1998, as published in the Federal Register, the FDA, in adherence to the FDAMA, called for the manufacturers to submit a list of the food and drug products "that contain intentionally introduced mercury compounds," such as mercurous chloride, mercuric chloride, phenyl mercuric acetate, and thimerosal. According to the FR, "The agency is seeking both quantitative and qualitative information about the mercury compounds in these food and drug products." Manufacturers were to deliver this information, along with comments by June 1, 1999. The FDAMA requires the FDA to analyze the data within two years after the enactment of the FDAMA.[131]

The FDA tasked the Center for Biologics Evaluation and Research (CBER) to conduct the investigation, which included asking drug makers to provide specifics on their use of thimerosal. On April 29, CBER, which calculated the total amount of thimerosal children were receiving, sent a letter to the companies asking about their future intentions for thimerosal usage in vaccines. Thimerosal became a huge topic despite the CDC cover-up and the huge thimerosal-laced vaccine inventory that it held. On July 7, 1999, the AAP and the United States Public Health Service (USPHS) issued a joint statement alerting clinicians and the general public of their concern about thimerosal, a preservative used in some vaccines.[132] The media released the information on Friday afternoon,

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130. Dan Burton, Mercury in Medicine Report, The House of Representatives Tuesday, May 20, 2003, http://www.aapsonline.org/vaccines/mercinmed.pdf, viewed 7/30/2014.

131. Federal Register: April 29, 1999 (Volume 64, Number 82, Federal Register: April 29, 1999 (Volume 64, Number 82, viewed 7/28/2014.

132. American Academy of Pediatrics, Thimerosal in Vaccines—An Interim Report to Clinicians, Committee on Infectious Diseases and Committee on Environmental Health, July 7, 1999, http://pediatrics.aappublications.org/content/104/3/570.extract, viewed 8/2014.

July 9, 1999, at 4:15 p.m., recognizing that distracted people busy with Saturday activities might not notice, especially since the press failed to focus on the important news.[133]

The AAP and the USPHS admitted that in the first six months, some infants are "exposed to a cumulative level of mercury . . . that exceeds one of the federal guidelines." The quantity of mercury contained in the childhood vaccination schedule surpassed the EPA's maximum daily adult exposure for mercury. The EPA established a standard for how much mercury an infant could receive. For instance, at two months old and weighing about eleven pounds, the doctor should not inject that infant with more than 0.5 micrograms of mercury. Yet, infants routinely receive 62.5 micrograms during their two-month visit. With thimerosal, the agency-approved dose at the two-month visit equates to 500 times higher than the so-called safe level.[134]

As a result, the FDA then requested that manufacturers remove it from pediatric vaccines as the immunization schedule resulted in children receiving a high amount of mercury. Researchers found that parents trusting their doctors and following that schedule inadvertently exposed their infants to thirty times the maximum acceptable level of mercury. It is the second most toxic element on earth next to plutonium. Mercury toxicity is associated with autism, learning disabilities, Alzheimer's, MS, lupus, fibromyalgia, chronic fatigue syndrome, arthritis, depression, and bipolar disorder.[135] Many of these chemically damaged children often end up being prescribed psychiatric medications for conditions initially created by vaccines that constitute biological assaults on the body's immune system and a concentration of heavy metals within the body. Doctors, ignoring the biological consequences of vaccines, regularly prescribe psychiatric drugs that are not only wholly ineffective in treating

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133. David Kirby, Evidence of Harm, Mercury in Vaccine and the Autism Epidemic, a Medical Controversy, St. Martin's Press, New York, Kindle, 2012, Locations 1056- 1081.

134. Louise Kuo Habakus, Mary Holland, Kim Mack Rosenberg (editors), *Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children*, Skyhorse Publishing, New York, Kindle, 2011, Locations 3906-3918.

135. First Official Recognition of Thimerosal Dangers Made, May 2003, http://thimerosal-autism-symptoms.com/, viewed 4/15/2014.

the physical disorder, but they greatly contribute to the distress of an already medically compromised individual.

Autism, a problem that affected about 1 in 10,000 individuals in the United States, is now dramatically increasing. In April 2000, prompted by concerned parents, the FDA advisory committee held its first hearing. At the time, federal agencies estimated that autism affected 1 in 500 children in the United States. By then, the National Institutes of Health (NIH) altered its assessment to 1 in 250 children. The Autism Society of America calculates the growing number of autistic children by 10 to 17 percent each year. Representative Dan Burton said that Florida had reported a 571 percent increase in autism while Maryland has reported a 513 percent increase between 1993 and 1998. In 1999, in Indiana, there were 2,462 children ages three to twenty-one whom doctors had diagnosed with autism. That represents one-fourth of 1 percent of all of Indiana's schoolchildren. [136]

In July 2000, officials estimated that via mandatory vaccines, 8,000 children a day were being exposed to excessive mercury according to federal guidelines. During a hearing, one researcher said, "There's no question that mercury does not belong in vaccines. There are other compounds that could be used as preservatives. Everything we know about childhood susceptibility, neurotoxicity of mercury at the fetus and at the infant level, points out that we should not have these fetuses and infants exposed to mercury. There's no need of it in the vaccines." In January 2003, a new Subcommittee on Human Rights and Wellness renewed an examination of the safety of mandatory toxic thimerosal or mercury-containing vaccines for infants and young children. Many people questioned the use of mercury, an acknowledged toxin, and its link to autism, with symptoms similar to those of mercury poisoning.[137]

On April 25, 2001, Dr. Boyd E. Haley, the Chairman of the Chemistry Department at the University of Kentucky testified before the Committee. He summarized his views in this way: "I cannot say, nor would I say, that vaccinations cause autism. However, if the data holds up that I have been seeing with the relationship, I think it is an awfully

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136 Dan Burton, Mercury in Medicine Report, The House of Representatives Tuesday, May 20, 2003, http://www.aapsonline.org/vaccines/mercinmed.pdf, viewed 7/30/2014.

137. Ibid.

good suspect, at least one of the co-factors that might aid in the onset of this disease. So I would really recommend and encourage you to put some pressure on the (NIH) to look at the contribution of different forms of mercury we put in our medicines and in our dentistry to see what effect they have on the neurological health of Americans."[138]

Meanwhile, school districts continue to mandate vaccines; the CDC has tripled the vaccine schedule in the last thirty years. The vaccine industry can continue to destroy people's lives without fear of any consequences. Injured families, unable to find legal justice, must acquiesce to the policies of the DHSS. The federal government is the judge and the jury and decides whether to recompense a family who must then *keep quiet*. Some victims are vocal about the damages that their children have suffered, most often by autism. Yet, the DHSS maintains that vaccines do not cause autism. Since 2002, about 5,000 families have filed petitions with the VICP, claiming that their children have vaccine-caused autism. However, in 2010, the VICP created the Omnibus Autism Proceeding and consolidated the injured families into one test case for vaccine-induced autism. The court then dismissed the case.[139]

The DHHS said that children do not need to be tested for mercury exposure even if they have received thimerosal-containing vaccines. This was in spite of the fact that the HHS had not researched the health risks of thimerosal-laced vaccines. However, without any science-based evidence, the HHS reassured parents that there was no evidence of harm therefore no need for screening for mercury toxicity. The media was negligent because it failed to scrutinize HHS's statements and it dismissed the claims of the vaccine safety advocates. The CDC also ignored the issue until David Kirby wrote *Evidence of Harm* that was released in 2005.[140]

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138. Ibid.

139. Lance Johnson, How the vaccine industry keeps itself "immune" from the Constitution, December 17, 2013, http://www.naturalnews.com/043261_vaccine_industry_legal_immunity_US_Constitution.html##ixzz2zGrboaT4; viewed 4/19/2014.

140. Louise Kuo Habakus, Mary Holland, Kim Mack Rosenberg (editors), *Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children*, Skyhorse Publishing, New York, Kindle, 2011, Locations 3937–3944.

Thimerosal is composed of approximately 50 percent mercury. Vaccines that have 0.01 percent thimerosal amounts to "about 50 mg/ L mercury, (which) exceeds the 0.2 mg/ L hazardous waste toxicity" and must be "managed as hazardous waste, using the waste code D009 (mercury)." It is illegal to treat such vaccines as infectious waste or regular trash.[141] There is more mercury in thimerosal-laced and flu vaccines than is allowed in drinking water. It destroys human neuroblastoma cells. The concentration of mercury in hepatitis B vaccine measured 25.000 ppb of mercury, a vaccine that was administered to infants at birth from 1990 to 2001. There was 50.000 ppb of mercury in the DTaP (diphtheria-tetanus-acellular-pertussis) and the Hib (Haemophilus influenzae) vaccines, given to children at two, four, six, twelve, and eighteen months. The same amount of mercury is currently in 94 percent of the flu, meningococcal, and tetanus vaccines designated for children seven years and older.[142]

Boys aged between three and seventeen, born before 1999 who received the thimerosal-laced hepatitis B vaccination (HBV), were three times as likely to be diagnosed with autism.[143] Merck (Recombivax HB) and GlaxoSmithKline (Engerix-B), the makers of the hepatitis B vaccine,[144] launched their toxic chemical against newborn babies in 1991, the year before Adam Lanza was born. The Advisory Committee on Immunization Practices (ACIP) advised that every infant receive this vaccine within twenty-four hours after birth.

Recently, Mike Adams of *Natural News* conducted, via ICP-MS document, forensic tests on GlaxoSmithKline's flu vaccine (lot no. 9H2GX) and discovered that the *Flulaval* vaccine contains fifty-one parts per million, which is over 25,000 times higher than the maximum level, of inorganic mercury in drinking water, as established set by the EPA. This vaccine, which bypasses the immune system and is injected "directly into the body," tests higher for mercury than any other vaccine that *Natural News* has ever had tested and is 100 times higher than the

141. Ibid., Locations 3956–3959.
142. Ibid., Locations 3960–3969.
143. Ibid., Locations 1527–1530.
144. Centers for Disease Control and Prevention, http://www.cdc.gov/vaccines/about/terms/USVaccines.html, viewed 6/6/2014.

mercury in the most contaminated fish.[145] The EPA, because of the high percentage of mercury in thimerosal-laced vaccines, recognized them as hazardous materials and enacted a law requiring the proper disposal of used needles and discarded vaccines according to hazmat protocols.[146] Dentists receive mercury filling materials packaged as a toxic hazmat product.

The very same flu vaccine that is injected into children beginning at six months of age, if spilled on the floor, requires the immediate evacuation of the building and a cleanup by hazmat team. The same remedial actions need to be taken for toxic chemotherapy chemicals. The media has utterly failed to warn the public of the government's collaboration with the vaccine industry even when toxic-waste management companies were disposing of over eighty million unused doses of H1N1 vaccines in 2009–2010. Clean Harbors, of Norwell, Massachusetts, is a service that health care providers use for the collection and disposal of unused mercury-based thimerosal vaccine and unused 2009 H1N1 vaccine that the government considers hazardous waste. Clean Harbors offers its H1N1 Vaccination Incineration Services to health care customers across the nation.[147]

One of the most informative books on the subject, *Vaccine Epidemic*, states, "Vaccines also have aluminum, antibiotics, benzethonium chloride, dye, DNA, albumin, bovine calf serum, formaldehyde, gelatin, monosodium glutamate (MSG), polysorbate (20 and 80) and other surfactants, thimerosal (mercury), yeast protein, and urea." Aluminum and mercury are potent neurotoxins that, after they have been injected, may subject a person to a lifetime of health issues due to the heavy metals. Mercury exposure from vaccines and through other sources influences the growing occurrence of autism, ADHD, and speech delay.[148] Mercury and

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145 Mike Adams, Natural News tests flu vaccine for heavy metals, finds 25,000 times higher mercury level than EPA limit for water, June 3, 2014, http://www.naturalnews.com/045418_flu_shots_influenza_vaccines_mercury.html, viewed 6/5/2014.

146. Louise Kuo Habakus, Mary Holland, Kim Mack Rosenberg (editors), *Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children*, Skyhorse Publishing, New York, Kindle, 2011, Locations 3949–3952.

147. Ibid., Locations 3970–3982.

148. Ibid., Locations 1299–1300, 5306–5310.

other metals remain in the brain for years. If combined with SSRIs, it is doubly destructive.

Some of the symptoms associated with autism are a loss of joyfulness, crankiness, withdrawal, touch aversion, sound sensitivity, and lack of eye contact. Some children are not responsive to parental affection, display irritability and hostility, and frequently turn their hostility against themselves, such as hitting themselves, banging their head against furniture or the wall, followed by bouts of depression. One person who recovered from mercury poisoning revealed her experiences years later. She said that she became lethargic; sensitive to noise, light, and touch; and lost her appetite, which resulted in weight loss and muscle tone. She would go for days without sleep, was very clumsy, and shy. She spent a lot of alone time, reading a book or playing, and was incognizant of what was going on around her.[149]

Many autistic or vaccine-damaged children experience nutritional deficiencies; mitochondrial abnormalities and "severe gastrointestinal reflux;" poor absorption of nutrients; weight loss; hair thinning; severe constipation or diarrhea; picky eating habits, which contributes to malnourishment; poor motor skills; and social withdrawal. Adam Lanza displayed many of these same characteristics.

Shelley Tzorfas maintains that children born from the 1990s to the 2000s have the highest incidence of ADHD, autism, Tourette's syndrome, seizure disorders, bipolar imbalances, oppositional defiance disorder (ODD), obsessive-compulsive disorders (OCD), and other issues. During well-baby checkups, these infants receive from nine to twenty vaccines each visit. It may seem like only four shots, but those include DPT,[150] MMR,[151] or the new six-in-one shot.[152] Regarding the

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149. David Kirby, Evidence of Harm, Mercury in Vaccine and the Autism Epidemic, a Medical Controversy, St. Martin's Press, New York, Kindle, 2012, Locations 1468–1474.

150. DPT, the deadliest of all vaccines, http://preventdisease.com/news/13/111413_What-Is-Deadliest-Of-All-Vaccines-According-To-Data.shtml, viewed 5/22/2014.

151. Never give a child this vaccine, http://preventdisease.com/news/13/022013_5-Vaccines-To-Never-Give-A-Child.shtml, viewed 5/22/2014.

152. Shelley Tzorfas, More Children are Getting Shot; Are You Ready to Talk about the Real Root Cause Now?, November 23, 2013, http://preventdisease.com/news/13/112313_More-Children-Getting-Shot-Ready-to-Talk-About-Real-Root-Cause-Now.shtml; viewed 4/19/2014.

well-baby checkups, Dr. Mendelsohn states that "the pediatrician serves as the recruiter for the medical profession. He indoctrinates your child from birth into a lifelong dependence on medical intervention. It begins with a succession of needless 'well-baby check-ups' and immunizations and then moves on to routine annual physical examinations and endless treatment of minor ailments that would cure themselves if they were left alone."[153] Some advocacy groups state that the MMR specifically causes Asperger's and autism. The brains and the immune systems of these vulnerable infants are assaulted with toxic adjuvant cocktails. These infants often grow up aggressive, angry, withdrawn, learning disabled, and often uncontrollable. Boys are particularly vulnerable.[154]

The current generation of children receive up to seventy vaccines, thirty-five of which they receive before the age of two. Trusted doctors administer these dangerous vaccines, not shifty drug dealers on the corner. A three-hour-old infant now receives an injection to prevent a sexually transmitted disease or one acquired from shared needles by drug users—hepatitis B. Pregnant women receive flu shots that contain thimerosal. Infants receive DPT, a multiple shot that may cause autism, sudden infant death syndrome (SIDS), or diabetes.[155] The Merck Manual admits that vaccines contain toxoids and weakened bacteria that may cause severe symptoms, such as encephalitis, an acute inflammation of the brain.[156] Symptoms may include headache, fever, confusion, drowsiness, and fatigue. Additional symptoms that are even more serious include seizures or convulsions, tremors, hallucinations, and memory problems.

Infectious diseases drastically declined as people adopted better hygiene habits, which had little to do with vaccination schedules. Recent outbreaks of various diseases have occurred among vaccinated individuals

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153 Robert S. Mendelsohn, How to Raise a Healthy Child in Spite of Your Doctor, Ballantine Books, New York, 1984, pp. 18–20.

154. Shelley Tzorfas, More Children are Getting Shot; Are You Ready to Talk about the Real Root Cause Now?, November 23, 2013, http://preventdisease.com/news/13/112313_More-Children-Getting-Shot-Ready-to-Talk-About-Real-Root-Cause-Now.shtml; viewed 4/19/2014.

155. Ibid.

156. Louise Kuo Habakus, Mary Holland, Kim Mack Rosenberg (editors), *Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children*, Skyhorse Publishing, New York, Kindle, 2011, Locations 1955–1956.

rather than those who were not vaccinated. In 2000, the *Journal of the AAP* admitted that vaccination does not account for the declines in mortality in the first half of the century. While the leading health organizations including the CDC and the NIH dismiss any relationship between vaccines and health issues, there is significant evidence that thimerosal is extremely dangerous and a causative factor in autism marked by difficulty with social interaction, but not usually associated with violence. It is also associated with pervasive developmental disorders (PDDs) and other cognitive disorders, including ADHD.[157]

People born before 1970 grew up with relatively few drugs and vaccines as compared to those born after 1990. Parents had few reasons to take their children to a doctor. Currently, infants, beginning with the vaccines at birth, begin what is potentially a lifelong affiliation with the very profitable pharmaceutical industry. By the age of eighteen, children received seventy doses of sixteen different toxic vaccines. Given the constant Direct to Consumer (DTC) propaganda, it appears that the new "normal" is a generation of children who are asthmatic, allergic, overweight, diabetic, epileptic, and experience learning and behavioral disorders, or have cancer or Crohn's disease, horrific, debilitating problems that children never suffered in the 1980s.[158]

Given the increase in vaccines and the decrease in health, it is not difficult to conclude that vaccines have only benefitted the vaccine manufacturers. The infant mortality rate in the United States has plunged from twelfth in 1960 to twenty-ninth in 1990, and down to forty-sixth in 2010. The CDC admits, "The U.S. infant mortality rate is higher than those in most other developed countries, and the gap between the U.S. infant mortality rate and the rates for the countries with the lowest infant mortality appears to be widening." In European and Asian countries, the infant mortality rate is two to three deaths per 1,000 live births. Yet, in the United States, more than six infants under the age of one will die per 1,000 while 7.8 children under the age of five per 1,000 die each year (as of 2011). The United States is even behind poor countries like Cuba

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157. Has The Use of Thimerosal in Vaccinations Caused Autism?, http://autism-help.org/thimerosal-vaccination-autism.htm, viewed 4/30/2014.

158. Louise Kuo Habakus, Mary Holland, Kim Mack Rosenberg (editors), *Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children*, Skyhorse Publishing, New York, Kindle, 2011, Locations 621, 2549–2558.

whose health care costs $230 per person as opposed to $6,096 per in the United States.[159]

In 2009, vaccine revenues totaled $24 billion and are expected to double to $52 billion a year by 2016. Certainly, a profit-driven corporation making billions of dollars a year will do anything, including lie, mislead, or operate a counterintelligence operation in order to protect those profits, even if those profits means the death and destruction of innocent consumers. Think of the number of scientists, educational institutions, politicians, propagandists that just a tiny portion of the billions of dollars could buy off or purchase.[160]

159. Ibid., Locations 1957–1965.

160 James King, Vaccinations—The $24 Billion Industry, What are vaccinations, or immunizations? December 9, 2011, http://www.doesntevenmakesense.com/vaccines/, viewed 8/20/2014.

Babies Engaging in Risky Behavior

In 1985, the FDA licensed the polysaccharide Haemophilus influenza B (Hib) vaccine that had 25 micrograms of ethylmercury per dose. An infant received it three times before the age of six months and one more dose at two years of age for a total of 100 micrograms of ethylmercury just for that one vaccine. In 1986, the FDA approved the thimerosal-containing recombinant hepatitis B vaccine, which contained 12.5 micrograms of ethylmercury. It was given within hours of birth and twice more in the first six months for a total of 37.5 micrograms. After 1986, infants who formerly received 75 micrograms in the first six months now received 187.5 micrograms in the first six months in addition to any fetal mercury exposure from the mother.In 1991, the CDC added both Hib and Hep B to the universal childhood immunization schedule. Clearly, in the 1990s, many infants received an excessive amount of thimerosal. The cumulative total of ethylmercury in the vaccine schedule, given the three booster shots, exceeded the EPA's limit.[161]

When talking about the EPA limits, it refers to ingested mercury, which the liver partially eliminates. Injecting boluses of ethylmercury is an entirely different situation. The two-month dose of mercury is at least thirty times higher than the recommended daily maximum exposure set by the EPA. During the 1990's, infants received 12.5 micrograms of mercury at birth; followed by 12.5 micrograms at one month; 62.5 micrograms at two months; 50 micrograms at four months; 50 micrograms at six months; 50 micrograms at fifteen to eighteen months, a total of 237.5 micrograms

[161] Dan Burton, Mercury in Medicine Report, The House of Representatives, Tuesday, May 20, 2003, http://www.aapsonline.org/vaccines/mercinmed.pdf, viewed 7/30/2014.

for a child who might weigh at most 22 pounds. This far exceeds the safety limits if you consider cumulative bolus dosing.[162]

After 1988, autism rates increased significantly in the United States. Sufficient evidence exists that it is due to the increased thimerosal exposure in the mandatory Childhood Vaccine Schedule. There is a "causal link" between toxic vaccine ingredients and toxic conditions found within autistic children. It is a simple cause-and-effect situation if one looks critically at the aftereffects instead of believing the drug industry marketing, supported by compromised politicians. Before 1988, the CDC's mandatory Childhood Vaccine Schedule included only one thimerosal-laced vaccine, the DTaP vaccine. In 1988, the CDC recommended that infants who were born to women who had hepatitis B should receive the thimerosal-containing hepatitis B immunoglobulin and the hepatitis B vaccines within twelve hours of birth, which amounted to the delivery of 37.5 micrograms (mcg) of mercury into the infant's body. Per the CDC, infants were to receive two more hepatitis B shots at two months and between six and eighteen months of age. The CDC, and now the WHO, also recommends the Hib vaccine (Haemophilus influenzae type B vaccine), which contains 25 mcg of mercury. In 1991, the CDC increased the number of shots with additional vaccines containing thimerosal while at the same time altering the schedule, which exposed even younger children to the deadly neurotoxin. According to the amended schedule (1991), every toddler is to receive three shots between the age of two and six months and one at fifteen months. That amounts to 62.5 mcg in just those shots. Autism, allergies, juvenile diabetes, and autoimmune disorders began to rise dramatically during 1988 and 1991.[163]

The hepatitis B vaccine wears off within seven to ten years, and even faster in children.[164] High-risk groups, drug users who share needles or those who engage in risky sex, rarely get hepatitis B vaccinations. Merck, looking for a new market, another source for their toxic vaccines, obtained the assistance of the CDC. In 1991, the CDC recommended hepatitis B vaccines to the general population, including newborn babies.

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162. Ibid.

163. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 148–149.

164. Ibid., pp. 129–133.

This is the very same agency that previously announced that the United States had a very low incidence of hepatitis B, just 18,000 cases. At the end of 1991, the ACIP recommended that all infants receive the first of three doses of the hepatitis B vaccine within twelve hours of birth.[165]

In 1991, the pharmaceutical industry, in cahoots with the CDC, began to more fully medicalize America's children soon after birth. The CDC recommended the universal infant hepatitis B shot,[166] a variation of a vaccine introduced on January 5 for adults. The CDC now recommends the first of three shots, "Administer monovalent HepB vaccine to all newborns before hospital discharge . . . within 12 hours of birth . . . regardless of birth weight." Further, "For infants weighing less than 2,000 grams (4.41 pounds), administer HBIG in addition to HepB vaccine within 12 hours of birth."[167] The National Vaccine Information Center (NVIC), cofounded by Barbara Loe Fisher and Kathi Williams, state that "hepatitis B was not prevalent" and was "not highly contagious" in the United States before the CDC's introduction of the childhood vaccination campaigns in 1991. The NVIC website states, "In the U.S., individuals at highest risk for hepatitis B infection are those, who engage in risky behaviors such as illegal IV drug abuse, prostitution, men who have sex with men, heterosexuals with multiple sexual partners and people who have received blood transfusions using infected blood."[168]

The NVIC states, "The primary reason that the CDC recommended hepatitis B vaccination for all newborns in the United States in 1991 is because public health officials and doctors could not persuade adults in high risk groups (primarily IV drug abusers and persons with multiple sexual partners) to get the vaccine." In 1986, the FDA allowed Merck to begin marketing the first recombinant DNA hepatitis B vaccine, a genetically engineered hepatitis B vaccine, a replacement for the older

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165. Ibid., pp. 133–134.

166. Hepatitis B and Hepatitis B Vaccine, Epidemiology and Prevention of Vaccine-Preventable Diseases, National Center for Immunization and Respiratory Diseases Centers for Disease Control and Prevention, March 2012, p. 20, http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/09-HepB.pdf, viewed 7/23/2014.

167. CDC, Immunization Schedules, For Health Professionals, http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html, viewed 7/24/2014.

168. National Vaccine Information Center, Hepatitis B Quick Facts, http://www.nvic.org/vaccines-and-diseases/Hepatitis-B.aspx, viewed 7/23/2014.

hepatitis B vaccines made from blood extracted from individuals who were chronic carriers of the hepatitis B virus. The drug companies spent a lot of money on producing and marketing a vaccine, and the people who might have accepted a shot declined. Therefore, rather than lose millions of dollars, the CDC and the drug companies convinced the public to vaccinate newborn infants.

On June 12, 1992, at the National Pediatric Infectious Disease Seminar, Dr. George Peter, the AAP chair, presented the following reasons for recommending the hepatitis B vaccine to all infants:

1. Hepatitis B remains a public health problem, which sometimes occurs outside of high-risk groups.
2. High-risk groups have not accepted vaccination or have been difficult to reach.
3. Children are accessible.
4. Cost of vaccinating infants is less than vaccinating adults since a smaller dose is required.[169]

These "accessible" children are evidently fair game for the medical system. The same committee that recommended that all newborn babies should receive three HBV vaccines admitted that it had no way of knowing how long the vaccines "protected" a person from a hepatitis B infection. Perhaps a booster would be required "after five to nine years." Dr. S. Handler, along with some members of the CDC Multicenter HBV Vaccine Study Group, after evaluating the trial participants, said, "Their findings suggest that antibody levels to HBV vaccine decline substantially within three years of vaccination and that risk of infection increases as antibody levels decline. However, HBV infection occurring in these circumstances is mild, and there is no evidence of atypical infection."[170]

By March 2012, there were a total of 66,654 hepatitis B vaccine-related adverse events reported to VAERS.[171] Only 10 percent of the adverse reactions are reported.

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169. Viera Scheibner ph. D, *Vaccination, 100 years of Orthodox Research Shows that Vaccines Represent a Medical Assault on the Immune System*, Australian Print Group, Maryborough, Victoria, Australia, 1993, Introduction, pp. 7–9.
170. Ibid, Introduction, pp. 7–9.
171. National Vaccine Information Center, Hepatitis B Quick Facts, http://www.nvic.org/vaccines-and-diseases/Hepatitis-B.aspx, viewed 7/23/2014.

The FDA has approved five recombinant hepatitis B vaccines: (1) Engerix-B, (2) Recombivax HB, (3) Twinrix (combined with hepatitis A), (4) Comvax (combined with Haemophilus B conjugate and meningococcal protein conjugate), (5) and Pediarix (combined with diphtheria and tetanus toxoids, acellular pertussis adsorbed, and inactivated poliovirus). The drug companies created the recombinant hepatitis B vaccine through the genetic engineering of DNA by inserting a segment of the viral gene in a yeast cell.[172]

Merck's Recombivax hepatitis B vaccine ingredients include GMO yeast, aluminum hydroxide, and thimerosal. Some people claim that medics administered free-of-charge hepatitis B vaccines to gay people in New York, Los Angeles, and San Francisco. The problem was that the vaccine included HIV/AIDS so the story goes, which may account for the "spontaneous outbreak" of AIDS in those three cities. Drug makers include aluminum hydroxide in several vaccines as well as in the hepatitis B vaccine. Although people take if for heartburn and other problems, when it is injected, it bypasses the kidneys and other natural filters and goes straight to other organs. They also use it in kidney dialysis, which may be the cause of dementia in dialysis patients. Aluminum concentrates in the brain, liver, thyroid, and lungs; and people have linked it to Alzheimer's and other neurological disorders. Aluminum, also known as hydrated alumina, also causes kidney failure, calcium depletion in the bones, rickets, liver damage, decreased appetite, esophagitis, memory loss, psychosis, and encephalitis.[173]

GlaxoSmithKline lists the following adverse reactions on their package insert for the hepatitis B vaccine, Engerix-B. The insert suggests that the vaccine be given on a 0-, 1-, 6-month schedule by intramuscular injection. Very few patients or their family ever see a package insert.[174]

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172. National Vaccine Information Center, Hepatitis B Quick Facts, http://www.nvic.org/vaccines-and-diseases/Hepatitis-B.aspx, viewed 7/23/2014.

173. Daniel Dunkin, Recombivax Hepatitis B Vaccine Ingredients, http://voices.yahoo.com/recombivax-hepatitis-b-vaccine-ingredients-1885132.html?cat=70, viewed 5/10/2014.

174. ENGERIX-B [Hepatitis B Vaccine (Recombinant), Revised 12/2013 https://www.gsksource.com/gskprm/htdocs/documents/ENGERIX-B.PDF, viewed 7/23/2014.

Abdominal pain/cramps
Abnormal liver-function tests
Agitation
Alopecia
Anaphylaxis
Angioedema
Anorexia
Apnea
Arthralgia (joint pain)
Arthritis
Back pain
Bell's palsy
Bronchospasms (asthma-like symptoms)
Chills
Conjunctivitis
Constipation
Diarrhea
Dizziness
Dyspepsia
Earache
Ecchymosis
Eczema
Erythema
Fever
Flushing
Guillain-Barre Syndrome
Headache
Herpes Zoster
Hypoesthesia
Hypotension
Influenza-type symptoms
Insomnia
Irritability
Keratitis
Lymphadenopathy
Malaise
Migraine
Multiple Sclerosis
Myalgia
Nausea
Optic neuritis
Pain
Pain/stiffness in arm, shoulder or neck
Paresis
Paresthesia
Petechiae
Pruritis
Purpura
Rash
Seizures
Somnolence
Stevens - Johnson syndrome
Sweating
Swelling
Syncope (fainting)
Tachycardia/palpitations
Thrombocytopenia
Tingling
Tinnitus
Transverse myelitis
Upper respiratory tract illnesses
Urticaria
Vertigo
Visual Disturbances
Vomiting
Weakness
[175]

175. ENGERIX-B [Hepatitis B Vaccine (Recombinant), Revised 12/2013 https://www.gsksource.com/gskprm/htdocs/documents/ENGERIX-B.PDF, viewed 7/23/2014.

Engerix-B contains as much as 5 percent yeast protein and aluminum hydroxide, a powerful neurotoxin. According to the NIH, people use aluminum hydroxide "for the relief of heartburn, sour stomach, and peptic ulcer pain and to promote the healing of peptic ulcers."[176]

About 17 percent of the recipients complained to Merck about the hepatitis B vaccine causing fatigue, weakness, fever, headache, and arthralgia (joint pain), in addition to injection site soreness and swelling. Drug companies were not obligated to provide scientific evidence to the FDA "that hepatitis B vaccine does not compromise the immune and neurological systems of children and adults over weeks, months or years post-vaccination." Merck admits in the 1996 product insert that "as with any vaccine, there is the possibility that broad use of the vaccine could reveal adverse reactions not observed in clinical trials." According to Merck, the length of time that any vaccine, including hepatitis B, provides immunity is uncertain. In 1997, the CDC stated, "The duration of protection (of hepatitis B vaccine) and need for booster doses are not yet fully defined. Between 30% and 50% of persons who develop adequate antibody after three doses of vaccine will lose detectable antibody within seven years." Therefore, children who received the vaccine as an infant will need more shots when they are seven years of age.[177]

Hepatitis B has a less than 1 percent fatality rate. If one gets it and recovers, he or she develops lifetime immunity. Peter and Hillary Butler, in *Just a Little Prick*, quote an Australian news article that puts the risk of this disease into perspective:

> Of all people who contract Hepatitis B nearly:
> 75% will only develop mild symptoms,
> 20% will develop moderate symptoms,
> 5% will develop severe illness,
> Less than one percent will die from Hepatitis B.

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176. Medline Plus, aluminum hydroxide, http://www.nlm.nih.gov/medlineplus/druginfo/meds/a699048.html, viewed 7/23/2014.

177. Hepatitis B Vaccine, The Untold Story, Parents Question Forced Vaccination As Reports of Hepatitis B Vaccine Reactions Multiply, Appeared in NVIC's Printed Newsletter - Vaccine Reaction, Sept 1999, http://www.nvic.org/nvic-archives/newsletter/untoldstory.aspx, viewed 7/23/2014.

There is approximately a 105 in 16 million chance of contracting hepatitis B and getting very ill or even dying. You have about half the risk of dying from hepatitis B as you do of contracting leprosy.[178]

178. Alisa Elizabeth King Terry, The Hepatitis B Vaccine: What the Manufacturer's Insert Tells Us, http://voices.yahoo.com/the-hepatitis-b-vaccine-manufacturers-insert-324107.html?cat=71, viewed 7/23/2014.

Simpsonwood, Opinions Trump Science

Devising Damage Control

On June 7–8, 2000, the CDC convened a secret invitation-only conference at Simpsonwood in Norcross, Georgia, which was attended by top government officials, people that I have referred to in other places as key opinion leaders (KOLs). They included eleven CDC consultants, FDA scientists, WHO vaccine specialists, autism specialists, and experts in pediatrics, toxicology, epidemiology and vaccines, and drug company delegates for a total of fifty-two participants who were told that all rhetoric and documents generated at the meeting were "classified." The objective of the meeting, called the *Scientific Review of Vaccine Safety Datalink Information*, was to devise damage control regarding the thimerosal scare. The CDC also intended to refute Dr. Thomas Verstraeten's study, ordered by Congress in 1997. Verstraeten, a CDC epidemiologist, analyzed the CDC's database of 100,000 children's medical records. He confirmed the viable connection between thimerosal and neurological disorders in children.[179]

The participants included pediatricians, epidemiologists, and people from the ACIP, the CDC, the CDC's National Immunization Program, the FDA, and the AAPCOID. Given the composition of the conference, the outcome was predictable. Dr. Walter Orenstein, the director of the National Immunization Program at the CDC, opened the meeting. Others included Dr. John Modlin, the chair of the ACIP and on the faculty at Dartmouth Medical School, and the following people, Dr. Paul Stehr-Green, Dr. Martin T. Stein, who had co-chaired the AAP recent

179. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 157–159.

practice guideline on the diagnosis and evaluation for ADHD (May 1, 2000).[180]

The following participants did not list an affiliation, many of which may have been faculty members of various medical schools: Dr. Thomas Saari, Dr. Isabelle Rapin, Dr. Kevin Sullivan, Dr. Tom Clarkson, Dr. Loren Koller, Dr. Robert Davis, Dr. Richard Johnston, Dr. William Phillips, Dr. Ben Schwartz, Dr. Dennis Jones, Dr. David Oakes, and Dr. Robert Brent. All of these participants were associated with the Advisory Committee on Immunization Practices (ACIP): Dr. Bonnie Word, Dr. David Johnson, Dr. Richard Clover, and Dr. Peggy Rennels. The following doctors worked for the CDC: Dr. Robert Chen, Dr. Eric Mast, Dr. Thomas Sinks, Dr. Steve Hadler, Dr. Alison Mawle, Dr. Lance Rodewald, Dr. Jose Cordero, Dr. Susan Chu, Dr. Philip Rhodes, and Dr. Thomas Verstraeten. Dr. William Egan and Dr. Douglas Pratt represented the FDA.

Other participants included Dr. Natalie Smith (California State Health Department); Dr. Frank DeStefano (Vaccine Safety Datalink); Dr. Roger Bernier (National Immunization Program); Dr. Michael Gerber (NIH); Dr. Vito Caserta (VICP); Dr. Xavier Kurz (European Agency for the Evaluation of Medicinal Products); Dr. Robert Pless (Vaccine Safety and Development); Dr. John Clements (WHO); Dr. Martin Myers (NVPO); Dr. William Weil (AAP); Paula Ray (Northern California Vaccine Study Center); Ned Lewis (Kaiser Vaccine Study Center); Dr. Carolyn Deal (CBER); and Ms. Wendy Heaps (communications specialist with National Immunization Program). Participants representing drug companies included Dr. Harry Guess (Merck); Dr. Mike Blum (Wyeth); Dr. Ted Staub (Aventis Pasteur); Dr. Jo White (North American Vaccine); and Dr. Barbara Howe (SmithKlineBeecham).

Dr. Orenstein, in his opening remarks, said, "As a result of these concerns, CDC undertook, in collaboration with investigators in the Vaccine Safety Datalink, an effort to evaluate whether there were any health risks from mercury in any of these vaccines. Analyses to date raise

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180. Clinical Practice Guideline: Diagnosis and Evaluation of the Child With Attention-Deficit/Hyperactivity Disorder Committee on Quality Improvement, Subcommittee on Attention-Deficit/Hyperactivity Disorder, Pediatrics, May 1, 2000, http://pediatrics.aappublications.org/content/105/5/1158.full.html, viewed 8/6/2014.

some concerns of a possible dose response effect of increasing levels of methylmercury in vaccines and certain neurologic diagnoses. Therefore, the purpose of this meeting is to have a careful scientific review of the data. This is not a policy making meeting. Vaccine policy making will take place after this consultation as part of the Advisory Committee on Immunization Practices, or ACIP deliberations . . .Vaccine policy for CDC is really set through the recommendations of the ACIP . . . this is a scientific review to evaluate the quality of the scientific data. Our goal is to assure our policies are based on the best available scientific information."[181]

Orenstein defined the procedure: "Then we will get to the individual consultants *opinions*. You will be asked your *opinions* and we'll go through that in a minute as to what the questions will be." After group discussion, he said, "We'll give you a clean sheet as you may want to revise what you wrote after you hear people's *opinions*." They used the Delphi Technique in which a group of participants give their *opinions* about specific issues. "Then we will have a discussion about research and potential next steps at the end of the morning and then we will ask for your *opinions* again, about what you think about any next steps." Orenstein, after making certain that everyone had two "*opinion sheets*," then mentioned the list that identified the "eleven CDC consultants." Then he said, "They are the ones who will be asked to fill out these sheets."[182] They were apparently the KOLs.

The CDC and the FDA, urged by the AAP, decreased the mercury in vaccines by 1999. Yet, the CDC still recommended that all children, from six months to five years, receive a flu shot, which exposed them to 53 percent of the mercury that kids received in 1999, "more than half the mercury that was in vaccines in the 1990s."[183] On July 7, 1999, the AAP and the PHS made a joint statement referring to the jurisdiction of the

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181. Scientific Review of Vaccine Safety Datalink Information, June 7-8, 2000 Simpsonwood Retreat Center Norcross, Georgia http://thinktwice.com/simpwood.pdf, viewed 5/10/2014, pp. 1–2.

182. Ibid., pp. 9–10.

183. Dan Olmsted, The Age of Autism: Mercury Creeps Back In, March 17, 2006, www.putchildrenfirst.org, viewed 7/3/2014.

FDA Modernization Act of 1997, that the FDA was required to evaluate the safety of "all mercury-containing food and drugs."[184]

The two groups concurred that there is a "significant safety margin incorporated into all the acceptable mercury exposure limits" and argued that "there are no data or evidence of any harm caused by the level of exposure that some children may have encountered in following the existing immunization schedule. Infants and children who have received thimerosal-containing vaccines do not need to be tested for mercury exposure." Both groups recognized the "cumulative level of mercury over the first six months of life that exceeds one of the federal guidelines." The AAP and the PHS stated, "The known serious risk of diseases and deaths caused by failure to immunize our infants against vaccine-preventable infectious diseases" versus the "unknown and probably much smaller risk, if any, of neuro-developmental effects posed by exposure to thimerosal."[185]

Nevertheless, the vaccine manufacturers, the AAP, and the PHS, "because any potential risk," "agree that thimerosal-containing vaccines should be removed as soon as possible." The AAP and the PHS "are working collaboratively to assure that the replacement of thimerosal-containing vaccines takes place as expeditiously as possible while at the same time ensuring that our high vaccination coverage levels and their associated low disease levels throughout our entire childhood population are maintained." Meanwhile, they "continue to recommend that all children should be immunized against the diseases indicated in the recommended immunization schedule . . . clinicians and parents are encouraged to immunize all infants even if the choice of individual vaccine products is limited for any reason." Further, "clinicians and parents can take advantage of the flexibility within the existing schedule for infants born to Hepatitis B surface antigen (Hbs, Ag) negative women to postpone the first dose of hepatitis B vaccine from birth until two to six months of age when the infant is considerably larger."[186]

Even though the CDC asked all vaccine makers to remove thimerosal from vaccines, CDC officials intended to whitewash the pro-vaccine public health agencies and the entire issue of thimerosal. On July 31,

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184 Joint Statement of the American Academy of Pediatrics (AAP) and the U.S. Public Health Service (PHS), July 7, 1999, http://www.vaccinesafety.edu/AAP-PHS-1999.htm, viewed 7/5/2014.

185. Ibid.

186. Ibid.

1999, Dr. John Jabara, vice president at SmithKline Beecham, told Dr. Jeffrey Koplan, CDC director, that SKB was willing to accommodate the request, of July 7, of the AAP, the Surgeon General, the Department of Health, and Human Services and CDC, "despite the absence of any scientific data that thimerosal causes adverse reactions."[187]

Jabara said that SB would be able to supply Infanrix, a thimerosal-free DTPa in sufficient quantities to "supply the estimated U.S. market needs for at least the remainder of 1999 and the first half of 2000. By that time, other thimerosal free DTPa products, including SB's pentavalent DTPa/HB/IPV, will likely be available, pending FDA approval." Thimerosal-containing DTPa vaccines have the highest concentration of thimerosal among currently recommended vaccines with 25 mcg of mercury per dose, more than twice the amount of hepatitis B vaccines. Thus, infants who receive the first three doses of DTPa vaccine during the first six months of life are exposed cumulatively to 75 mcg of mercury, nearing the threshold established by the Environmental Protection Agency (EPA) of 80 mcg of mercury. "By contrast, infants receiving Infanrix for the primary series (and a non-thimerosal-containing Hib vaccine) can receive all other recommended vaccines, irrespective of manufacturer, and still not exceed the cumulative levels of mercury under the EPA reference guidelines."[188]

Dr. Koplan, in a letter to John Jabara, dated November 26, 1999, rejected SKB's proposal to produce a thimerosal-free DTaP vaccine.[189] Infants were then receiving three DTaP shots, at two, four, and six months of age, each one having 25 mcg of thimerosal. The pro-vaccine CDC did not want to abandon its agenda or jeopardize its relationship with certain principles in the drug industry. The WHO was afraid that eliminating thimerosal in America would endanger its huge immunization operation in developing countries. In July 2000, the CDC said that thimerosal would be removed from childhood vaccines

187. The letter of Dr. John Jabara, Vice President and Director, Vaccines Business Unit, United States to Dr. Jeffrey Koplan, CDC Director, July 31, 1999.

188. Ibid.

189. Letter to John Jabara, Vice President and Director, SmithKline Beecham Pharmaceuticals, November 26, 1999, from Jeffrey P. Koplan, Director, US Health and Human Services, CDC.

by early 2001 but not before it conceived of a covert cover-up regarding thimerosal.[190]

Dr. Thomas Verstraeten was responsible for a preliminary analysis of the thimerosal-containing vaccines and their link to neurodevelopmental injuries as reported in the CDC's Vaccine Safety Datalink. He evaluated the data from the database, where he examined the records of 110,000 children, which revealed a significant correlation between thimerosal exposure through vaccines and several neurodevelopmental disorders, including tics, speech and language delays, and possibly ADD. He found "a statistically significant positive correlation between the cumulative exposure at 2 months and unspecified developmental delay; the cumulative exposure at 3 months and tics; the cumulative exposure at 6 months and attention deficit disorder . . . 1, 3 and 6 months and language and speech delay . . . 1, 3, and 6 months of age and neurodevelopmental delays in general." He concluded, '"This analysis suggests that in our study population, the risks of tics, ADD, language and speech delays, and developmental delays in general may be increased by exposures to mercury from thimerosal-containing vaccines during the first six months of life."[191] Yet, four years later, Dr. Verstraeten published his results in the journal *Pediatrics*, claiming there was no correlation between neurodevelopmental problems and thimerosal exposure in infants.[192]

On December 17, 1999, Dr. Verstraeten wrote to Robert Davis and copied Frank Destefano, a CDC epidemiologist and the director of the Immunization Safety Office (ISO). The subject line of the memo was "It just won't go away;" the "it" referring to the thimerosal link to autism. Verstraeten admitted, "All the harm is done in the first month." He described the analysis and referred to the spreadsheets that contain

190. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 157–159.

191. Dan Burton, Mercury in Medicine Report, The House of Representatives. Tuesday, May 20, 2003, http://www.aapsonline.org/vaccines/mercinmed.pdf, viewed 7/30/2014

192. Russell Blaylock, The Truth behind the Vaccine Cover-Up, September 4, 2004, http://www.whale.to/a/blaylock.html, viewed 7/2/2014.

specific data.[193] One may see those spreadsheets that show the correlations were between thimerosal and neurodevelopmental disorders.[194]

The result of the meeting was the official, though confidential report, the *Scientific Review of Vaccine Safety Datalink Information*. The participants focused on Dr. Verstraeten's Datalink material and his discoveries. Following the typical revolving door pattern, he soon left the CDC and went to work for GlaxoSmithKline, a company that was mired in lawsuits regarding vaccines.[195]

The CDC concealed Verstraeten's conclusions from the public though some of it leaked out via the Freedom of Information Act, which surprised many Americans who naively assumed that the CDC and the FDA were protecting them and their children. The information, if made public, would certainly generate innumerable lawsuits. After Simpsonwood, the CDC created immediate damage-control measures. It suppressed Verstraeten's work by claiming that it lost the original documents. The agency then asked the IOM to conduct another study to contradict Verstraeten's study. Then the CDC relinquished its massive database to a private agency, making it unavailable even with a Freedom of Information Act request.[196]

At the secret meeting, Dr. Roger Bernier, associate director for Science in the National Immunization Program (CDC), said "The focus is going to be about Hepatitis B, DTP and H. flu vaccine," as those were the ones that contained thimerosal. He said, "In the United States there was a growing recognition that cumulative exposure may exceed some of the guidelines," apparently referring to the EPA guidelines. He acknowledged that children were being unnecessarily exposed to thimerosal in vaccines. He referred to the "public workshop

193. Thomas Verstraeten memo to Robert Davis and Frank Destefano, Friday December 17, 1999, 4:40 pm/

194. Summary Statistics Thimerosal Study – Site: All Total SS 363203, http://www.putchildrenfirst.org/media/2.16.pdf, viewed 7/3/2014.

195. Scientific Review of Vaccine Safety Datalink Information, June 7-8, 2000 Simpsonwood Retreat Center Norcross, Georgia http://thinktwice.com/simpwood.pdf, viewed 5/10/2014, pp. 1–4.

196. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 159–160.

on Thimerosal" in August 1999, which the National Vaccine Advisory Group and another group held in Bethesda to thimerosal in vaccines.[197]

Dr. Bernier said that in October 1999, the ACIP "looked this situation over again and did not express a preference for any of the vaccines that were thimerosal free." He said that the ACIP concluded that it would continue to recommend thimerosal-containing vaccines "but reiterated the importance of the long-term goal is to try to remove thimerosal as soon as possible."[198] In 1999, the ACIP, the agency that establishes national vaccine policies, acknowledged the serious adverse reactions yet decided that after the current vaccine supplies, composed of millions of doses, held by the drug companies were depleted, it would then act to officially recommend the discontinuation of adding thimerosal to certain vaccines. Meanwhile, millions of parents would play vaccine-damage roulette with their children's lives, even if they were aware of the potential harm, which many of them were not due to the lack of media coverage.

At the meeting, Dr. Richard Johnston stated that "there is a very limited pharmacokinetic data concerning ethylmercury. There is very limited data on its blood levels. There is no data on its excretion. It is recognized to both cross placenta and the blood-brain barrier (BBB). The data on its toxicity, ethylmercury, is sparse. It is primarily recognized as a cause of hypersensitivity. Acutely it can cause neurologic and renal toxicity, including death, from overdose." Dr. Loren Koller stated that he had "always considered the neurological effects of ethylmercury and methylmercury to be somewhat similar at a similar dose. Now ethylmercury has thought to cause maybe some of the other organ abnormalities. Maybe more so than methylmercury, but I have considered the responses, the toxic effects to the nervous system to be similar at a similar dose."[199]

Dr. Richard Johnston admitted that those in favor of vaccines "never thought about uncertainty factors before" and then conceded that vaccinologists are "relatively concrete in our thinking." Regarding the Bethesda meeting, he remarked, "There was no evidence of a problem,

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197. Scientific Review of Vaccine Safety Datalink Information, June 7-8, 2000 Simpsonwood Retreat Center Norcross, Georgia http://thinktwice.com/simpwood.pdf, viewed 5/10/2014, pp. 11–13.

198. Ibid., pp. 11–13.

199. Ibid., pp. 15, 122.

only a theoretical concern that young infants' developing brains were being exposed to an organomercurial." He said, "We agree that while there was no evidence of a problem, the increasing number of vaccine injections given to infants was increasing the theoretical mercury exposure risk."[200]

Dr. Johnston continued, "We agree that it would be desirable to remove mercury from U.S. licensed vaccines, but we did not agree that this was a universal recommendation that we would make because of the issue concerning preservatives for delivering vaccines to other countries, particularly developing countries, in the absence of hard data that implied that there was in fact a problem."[201] Dr. John Clements (WHO) should have considered the health consequences of third-world children, yet never countered Johnston's comment. Children in developing countries need better sanitation, clean water, and clean food, not dangerous vaccines.

The CDC, at Simpsonwood, did not present any data from people like Dr. Boyd E. Haley, who, in one study, indicated that 53 percent of autistic children had "aberrant porphyrin profiles" similar to mercury toxic individuals. Mercury chelation treatments for autistic children normalized the porphyrin level. Mercury toxicity was the problem, not genetic impairment. Clinical tests show that about 15 percent of some populations have a higher sensitivity to mercury exposure than the general population. It disrupts the normal polymerization in the brain tissue and is a "consistent factor" in Alzheimer's disease. It can cause neurological and systemic problems, over and above the problem of mercury binding.[202]

Dr. Haley states that thimerosal, even at lower concentrations, prevents "the macrophages from going through phagocytosis. In other words, they will lose their ability to eat viruses and bacteria that are in the blood" that should not be there. "Thimerosal suppresses the immune

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200. Scientific Review of Vaccine Safety Datalink Information, June 7–8, 2000 Simpsonwood Retreat Center Norcross, Georgia http://thinktwice.com/simpwood.pdf, viewed 5/10/2014, pp. 16–17.

201. Ibid., pp. 16-17.

202. *B.E. Haley and T. Small/Medical Veritas* 3 (2006) 921–934 921, Interview with Dr. Boyd E. Haley: Biomarkers supporting mercury toxicity as the major exacerbator of neurological illness, recent evidence via the urinary porphyrin tests, http://whale.to/v/haley.pdf, viewed 7/30/2014.

system. This is well known and has been well described in the literature for a long time; that mercury is an immune system suppressor and you see that these autistic children have a truckload of immune problems."[203]

Dr. William Weil said, "Two things. One, up until this last discussion we have been talking about chronic exposure. I think it's clear to me anyway that we are talking about a problem that is probably more related to bolus acute exposures, and we also need to know that the migration problem and some of the other developmental problems in the central nervous system go on for quite a period after birth . . . the earlier you work with the central nervous system, the more likely you are to run into a sensitive period for one of these effects, so that moving from one month or one day of birth to six months of birth changes enormously the potential for toxicity . . . The second point I could make is that in relationship to aluminum, being a nephrologist for a long time, the potential for aluminum and central nervous system toxicity was well established by dialysis data. To think there isn't some possible problem here is unreal."[204]

Dr. Brent elaborated on a perinatal project wherein researchers conducted a 50,000 patient study between the years 1957 and 1965. The researchers followed the children from birth to age seven and completed neurological evaluations, IQs, and other characteristics. When they evaluated birth defects, there was a commonality that these children shared—congenital heart disease, of which Dr. Hynanen wrote. There were 3,000 lawsuits associated with the study and the progestational agents associated with the congenital heart disease. This issue required some kind of a warning label on the incriminating product that was not removed for nineteen years. The lawsuit amounted to millions of dollars.[205]

The period when the brain develops the most is in the last three months of pregnancy and then continuing until the toddler is two years old, a period called the brain-growth spurt. None of the experts at Simpsonwood mentioned this. If parents knew this, they would never allow anyone to persuade them to give their child a mercury-containing

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203. Ibid.

204 Scientific Review of Vaccine Safety Datalink Information, June 7-8, 2000 Simpsonwood Retreat Center Norcross, Georgia http://thinktwice.com/simpwood.pdf, viewed 5/10/2014, pp. 17-19.

205. Ibid., p. 129.

vaccine, nor would they ever dream of accepting a prescription for a mind-disabling psychiatric drug that essentially functions as a chemical lobotomy. Even at the age of six, a child's brain is only 80 percent developed.

The *Journal of Neurotoxicology* indicates that any amount above 10ug is neurotoxic. Even the WHO admits that there is no safe level of mercury. Dr. Robert Chen disclosed that the CDC would not alter its views on vaccination. He said, "The issue is that it is impossible, unethical to leave kids unimmunized, so you will never, ever resolve that issue. So then we have to refer back from that."[206] Therefore, some children will suffer the adverse results of vaccines because the CDC views herd immunization as more important.

Dr. Braun suggested a new study using such thimerosal-free controls by saying, "Sure we will have the answer in five years. The question is what can we do now with the data we have?" Dr. Brent is worried about what the attorneys will do when people start divulging the information that will certainly lead to thousands of lawsuits. He said, "They want business and this could potentially be a lot of business."[207] This information, once revealed, would impact people suffering any degenerative brain disorder or neurological diseases, including autism, ADD, ADHD, and Gulf War syndrome.

Dr. David Johnson said, "The data suggests that there is an association between mercury and the endpoints, ADHD, a well-known disability, and speech delay as entered into the database. Then here comes an opinion, well it is all opinion, but it expresses a flavor, so I think it relates to what Dr. Bernier is trying to derive here. This association leads me to favor a recommendation that infants up to two years old not be immunized with Thimerosal containing vaccines if suitable alternative preparations are available. I do not believe the diagnosis justifies compensation in the Vaccine Compensation Program at this point." He also shares a personal view: "I got called out at eight o'clock for an emergency call and my daughter-in-law delivered a son by C-section. Our first male in the line of the next generation and I do not want that grandson to get a thimerosal-containing vaccine until we know better what is going on. It will probably take a long time. In the meantime, and

206. Ibid., p. 169.

207. Ibid., pp. 170, 191.

I know there are probably implications for this internationally, but in the meanwhile I think I want that grandson to only be given thimerosal-free vaccines."[208] Dr. Rapin later on suggested that thimerosal decreases the potential IQ and then said, "Even in my grandchildren, one IQ point I am going to fight about (it)."[209]

Evidently, they view their grandchildren as more important than other people's grandchildren. These decision-making experts did not want their grandchildren to get a thimerosal-containing vaccine until someone had resolved the thimerosal issue, but it was all right for millions of people to accept the same vaccines as safe for their children and grandchildren.

Many of the experts suggested that autism was genetic, but Dr. William Weil reminded them that "we don't see that kind of genetic change in 30 years." Dr. Weil said, "I have to say the number of kids getting help in special education is growing nationally and state by state at a rate not seen before . . . there are certainly more kids with ADD and there are more kids with speech and language disorder than there have been in the past." He said, "I have taken a lot of histories of kids who are in trouble in school. The history is that developmental milestones were normal or advanced and they can't read at second grade, they can't write at third grade, they can't do math in the fourth grade and it has no relationship as far as I can tell to the history we get of the developmental milestones. So I think this is a very crude measure of neurodevelopment."[210]

Dr. Brent refers to three lawsuits that he says he was involved with "for the vaccine group. Evidently, the vaccine was given to three pregnant women who then had children who had birth defects." He then said, "So, we are in a bad position from the standpoint of defending any lawsuits if they were initiated and I am concerned."[211]

That Standard of Care requires that AMA-approved physicians vaccinate every child in America, and if possible, vaccinate all adults, according to the CDC recommendations. Brent and his collaborators question any doctors who deviate from the Standard of Care, in favor of

208. Ibid., pp. 197–200.
209. Ibid., pp. 248–258.
210. Ibid., pp. 207, 216–217.
211. Ibid., pp. 229–231.

more effective help for his patient, is a junk scientist. However, the real "junk scientists" are those who promote vaccines and other profitable pharmaceutical products that have not been adequately tested and have actually harmed those who have used them, some suffering serious long-lasting side effects. Brent admits that they are in a "bad situation" because they do not have the science to substantiate their defense.[212]

Dr. Meyers said, "My own concern, and a couple of you said it, there is an association between vaccines and outcomes that worries both parents and pediatricians . . . We keep jumping back to Thimerosal, but a number of us are concerned that Thimerosal may be less likely that some of the other potential associations that have been made. Some of the other potential associations are (the) number of injections, number of antigen, (and) other additives. We mentioned aluminum and I mentioned yesterday aluminum and mercury." He continued, "I thought I would put that out; that we shouldn't just think in terms of mercury." This is an admission that there are other ingredients that can cause vaccine-related neurobehavioral and neurodevelopmental problems, including the number of vaccines that children receive, the various antigens and additives that manufacturers include in their products.[213]

According to the CDC, vaccines may contain many of the following excipients, adjuvants, or growth media: albumin, acetone (solvent), aluminum hydroxide, aluminum hydroxyphosphate, aluminum phosphate, aluminum potassium sulfate, amino acids, ammonium sulfate, amphotericin B, animal tissue or blood, ascorbic acid, bactopeptone, beta-propiolactone, benzethonium chloride, brilliant green, calcium carbonate, calcium calf (bovine) serum, chick embryo, chloride, chlortetracycline, cystine, dextran, diploid cells (aborted fetal tissue), DNA, Dulbecco's modified eagle medium (DMEM), ethylenediaminetetraacetic acid sodium (EDTA), fetal bovine serum, formaldehyde, formalin, gelatin, glucose, glutamine, glutaraldehyde, glycerin, histidine, hydrochloric acid, hydrocortisone, hydrolyzed gelatin, lactose, magnesium stearate, magnesium sulfate, monosodium glutamate (MSG), mouse serum protein, MRC-5 cellular protein, neomycin (antibiotic), neomycin sulfate, phenol, phenol red (phenolsulfonphthalein), 2-phenoxyethanol (antifreeze), phosphate buffers, polydimethylsilozone, polymyxin B,

212. Ibid., pp. 229–231.
213. Ibid., pp. 231–232.

polyoxyethylene9-10 nonylphenol, potassium chloride, potassium glutamate, polysorbate 20, polysorbate 80, porcine (pig) pancreatic hydrolysate, residual MRC5 proteins, sodium acetate, sodium bicarbonate, sodium borate, sodium chloride, sodium citrate, sodium deoxycholate, sodium hydrogenocarbonate, sodium hydroxide, sodium phosphate, sodium pyruvate, sorbitol, streptomycin, sucrose, thimerosal, tocopheryl hydrogen succinate, tyrosine, urea, xanthan, VERO cells, and yeast protein. Some vaccines have been contaminated with Simian Virus 40 (SV 40).[214]

Dr. Caserta referred to the Aluminum Conference in Puerto Rico that addressed the "metal lines in biology and medicine" that he had "never really understood before." He said that there was an "interactive effect of different ions and different metals when they are together in the same organism. It is not the same as when they are alone, and I think it would be foolish for us not to include aluminum as part of our thinking with this."[215]

Dr. John Clements (WHO) announced, "I really want to risk offending everyone in the room by saying that perhaps this study should not have been done at all, because the outcome of it could have, to some extent, been predicted and we have all reached this point now where we are left hanging, even though I hear the majority of the consultants say to the Board that they are not convinced there is a causality direct link between Thimerosal and various neurological outcomes."[216]

He continued, "I know how we handle it from here is extremely problematic. The ACIP is going to depend on comments from this group in order to move forward into policy, and I have been advised that whatever I say should not move into the policy area because that is not the point of this meeting." "We know," Clements said, "from many experiences in history that the pure scientist has done research because of pure science . . . and what we have here is (are) people who have, for every best reason in the world, pursued a direction of research." He said that

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214 Vaccine Excipient & Media Summary, Excipients Included in U.S. Vaccines, by Vaccine http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf, viewed 8/12/2014.

215. Scientific Review of Vaccine Safety Datalink Information, June 7–8, 2000 Simpsonwood Retreat Center Norcross, Georgia http://thinktwice.com/simpwood.pdf, viewed 5/10/2014, p. 234.

216. Ibid., pp. 247–249.

the committee would have to "handle" the research results "and even if this committee decides that there is no association" (between thimerosal and autism), yet if "that information gets out . . . through (the) freedom of information," others will take the information and use it "in other ways beyond the control of this group." He said, "I am very concerned about that as I suspect it is already too late to do anything regardless of any professional body and what they say."[217]

Clements and other conference participants knew that many scientists disagreed with them as they had conducted legitimate research and based their conclusions on science rather than marketing decisions and industry alliances. Clements stated, "My mandate as I sit here in this group is to make sure at the end of the day that 100,000,000 are immunized with DTP, Hepatitis B and if possible Hib, this year, next year and for many years to come, and that will have to be with Thimerosal containing vaccines unless a miracle occurs and an alternative is found quickly and is tried and found to be safe."[218] Ethylmercury remains in the vaccines for children such as diphtheria, tetanus, pertussis, hepatitis B, and influenza throughout the world. [219]

He continued, "So I leave you with the challenge that I am very concerned that this has gotten this far, and that having got this far, how you present in a concerted voice the information to the ACIP in a way they will be able to handle it and not get exposed to the traps which are out there in public relations . . . I think it makes a lot of sense, but it has to be thought through. What are the potential outcomes and how will you handle it? How will it be presented to a public and a media that is hungry for selecting the information they want to use for whatever means they have in store for them?" [220]

Dr. Chen, concerned that the public would learn about the cover-up, said, "We have been privileged so far that given the sensitivity of information, we have been able to manage to keep it out of, let's say, less responsible hands." Dr. Bernier, later referring to the incriminating data as "embargoed information" and "very highly protected information,"

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217. Ibid., pp. 247–249.

218. Ibid., pp. 247–249.

219. Dan Olmsted, Mark Blaxill, The Age of Autism: Mercury, Medicine, and a Man-Made Epidemic, St. Martin's Press, New York, Kindle, 2010, Locations 267-268

220. Ibid., pp. 247–249.

responded, "This information has been held fairly tightly." Dr. Orenstein, in closing the conference, thanked Dr. Roger Bernier, "who pulled off this meeting in rather short notice." Then Orenstein added, "In a sense this meeting addresses some of the concerns we had last summer when we were trying to make policy in the absence of a careful scientific review. I think this time we have gotten it straight."[221] He blatantly acknowledges that they had no empirical evidence as a foundation for their opinions.

When the journal *Pediatrics* published the final report, Dr. Verstraeten and co-workers claimed there were causal links between thimerosal-containing vaccine exposure and children's neurodevelopment. The CDC forced him to revise and publish his conclusions in 2003, stating that there was absolutely no correlation between thimerosal and autism. However, by 2003, he was employed by GlaxoSmithKline, probably with a huge salary. As part of the damage control, the WHO used the industry's mercury-laced vaccines for their immunization programs in third world countries. Meanwhile, the vaccine makers used up their remaining stock on America's children for another decade. Merck was aware of the dangers of the exposure of its mercury-laden vaccines on infants, which was eighty-seven times greater than acceptable levels.[222]

221. Ibid., pp. 248–258.

222. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 160–161.

The Institute of Medicine, Damage Control

In 1970, the National Academy of Sciences chartered the Institute of Medicine (IOM) and theoretically functions as "an independent, nonprofit organization that works outside of the government to provide unbiased and authoritative advice to decision makers and the public." The twenty-member council advises the federal government on public health issues and is supposed to be independent but is composed of people from medical schools, the drug industry, and organizations, such as the RAND Corporation, former FDA officials, and the Bill and Melinda Gates Foundation, known for its genetic and population-lowering objectives. The current council is composed of Harvey V. Fineberg (president, 2002–2014); Nancy E. Adler; Nancy Andrews; Sheila P. Burke; R. Alta Charo; Ellen Wright Clayton; Angelo Diaz; Jack E. Dixon; Mark C. Fishman; David Ginsburg; Lynn R. Goldman; Diane E. Griffin; H. Robert Horvitz; Steven E. Hyman; Arthur L. Kellerman; E. Albert Reece; Larry J. Shapiro; William W. Stead; Mary Woolley; Tadataka Yamada; Keith R. Yamamoto; Jo Ivey Boufford; and Jane E. Henney.[223]

In 1977, the IOM published its first vaccine safety report and another report in 1988, both dealing with polio vaccine safety. Two subsequent reports, in 1991 and 1994, considered the adverse effects of childhood vaccines.[224] The IOM published *Adverse Effects of Pertussis and Rubella Vaccines* (1991), which confirmed that the pertussis and rubella vaccines could cause brain and immune system damage. Many parents reported

223. Institute of Medicine of the National Academies, Advising the Nation, IOM Council, http://www.iom.edu/About-IOM/Leadership-Staff/Council.aspx, viewed 7/11/2014.

224. Immunization Safety Review, Vaccines and Autism, Immunization Safety Review Committee, Board on Health Promotion and Disease Prevention, Institute of Medicine of the National Academies, The National Academies Press, Washington, D.C., 2004, p. Foreword.

that their children had previously been normal but were now regressing following a DPT or MMR vaccination. Yet, the IOM committee of physicians tasked with examining the medical data for evidence of cause and effect declined any link between the pertussis vaccine and autism. It did not identify any "case reports or other studies of autism following pertussis immunization."[225]

The IOM published two key reports, in 1991 and 1994, which analyzed the adverse effects of childhood vaccines. Following those studies, the IOM has organized other studies and workshops covering diverse vaccine issues. The public and lawmakers accepted the results of these IOM studies as objective and credible.[226]

In 2002, the CDC and the NIH approached the IOM, then headed by Fineberg, a frequent consultant to the WHO, to ask that the agency convene an independent, objective, thirteen-member committee composed of experts in a number of pertinent fields, including pediatrics, neurology, genetics, immunology, internal medicine, infectious diseases, epidemiology, biostatistics, risk perception and communication, decision analysis, public health, nursing, and ethics that could provide assistance to the DHHS to address a growing immunization safety concerns.[227]

The FDA required that producers use preservatives in multi-dose vials of vaccines, except for the live-virus vaccines, such as the polio vaccine (IPV), the MMR, varicella, and the oral polio vaccine (OPV). Before 1991, the CDC advised that all infants should receive the diphtheria, pertussis, and tetanus (DPT) shot, which contained thimerosal. In 1991, the CDC recommended the Hib and hepatitis B for all infants. Up until 1999, at least thirty vaccines contained thimerosal, including the DPT, Haemophilus influenzae type B (Hib), and hepatitis B.[228]

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225 Christopher P. Howson, Cynthia J. Howe, and Harvey V. Fineberg, Editors; Committee to Review the Adverse

Consequences of Pertussis and Rubella Vaccines, Institute of Medicine Adverse Effects of Pertussis and Rubella Vaccines, National Academies Press, 1991, p. 151.

226. Immunization Safety Review, Vaccines and Autism, Immunization Safety Review Committee, Board on Health Promotion and Disease Prevention, Institute of Medicine of the National Academies, The National Academies Press, Washington, D.C., 2004, p. Foreword.

227. Ibid.

228. Ibid., pp. 36–37.

In 1998, Dr. Andrew Wakefield and his colleagues introduced the idea that there was a link between the MMR vaccine and autism. In 1995, Dr. Wakefield first became acquainted with an autistic child who suffered intestinal issues. Another child had developed appropriately until he received his MMR vaccination at the age of eighteen months and shortly thereafter developed chronic active inflammation in the colon.[229] Wakefield published the scientific data obtained as a result of working with a group of twelve children who suffered with "pervasive developmental disorder," all of whom had serious gastrointestinal symptoms and developmental regression. Behavioral problems developed in eight of these children following their MMR vaccinations.[230] Wakefield's work caused parents to question vaccine safety.

In 1999, under the CDC's vaccine schedule, a significant number of people brought the issue to the attention of the FDA who had presumably been monitoring the drugs. Infants could easily be exposed to cumulative doses of ethylmercury as much as 187.5 micrograms, greatly exceeding the EPA guidelines in the first six months of life. A two-year-old could conceivably receive 237.5 micrograms of mercury. Some children may have also received the flu vaccine, which would have increased the cumulative dose of about 275 micrograms.[231]

Although the FDA said there were "no major safety concerns," it "concluded that reducing or eliminating exposure to thimerosal in vaccines was merited." FDA and PHS officials announced their "precautionary measures" to reduce or eliminate thimerosal on July 7, "to make already safe vaccines even safer." On July 1, 1999, CBER told all vaccine manufacturers, via letter, that the CBER would continue to evaluate thimerosal use in biologic products. The CBER requested that all manufacturers provide information regarding their intentions of using

229. Andrew J. Wakefield, *Callous Disregard: Autism and Vaccines: The Truth Behind a Tragedy*, Skyhorse Publishing, New York, Kindle, 2010, p. 26.
230. Ibid., p. 6.
231. Ibid., pp. 36–37.

thimerosal as a preservative. If the drug makers wanted to continue using thimerosal, they should explain their reasons for that decision.[232]

On July 8, 2000, Dr. William Egan, the acting director of the CBER, testified before the House Committee on Government Reform where he stated, "There are no convincing data or evidence of any harm caused by the low levels of thimerosal that some children may have encountered in following the existing immunization schedule." Additionally, he stated, "No children or infants were receiving toxic levels of mercury from vaccines, but FDA still believed it appropriate to pursue alternatives to using thimerosal as a preservative in vaccines."[233]

Egan said that as part of the FDA Modernization Act (FDAMA) of 1997, a publication, *Food and Drug Administration Study of Mercury Compounds in Drugs and Food*, "the FDA was required to: 1) Compile a list of drugs and foods that contain intentionally introduced mercury compounds, and; 2) provide a quantitative and qualitative analysis of the mercury compounds in this list."[234] Note the term "intentionally introduced," which implies that the addition of a neurotoxin and the subsequent health issues experienced by thousands of children was not deliberate, perhaps just some kind of awful oversight that no one noticed.

Egan said that CBER reviewed thimerosal use in childhood vaccines and asked US-based vaccine manufacturers, in December 1998 and April 1999, to provide details about the thimerosal content of their products and specifically about its use as a preservative. He stated that the review "found no evidence of adverse effects caused by thimerosal in vaccines, except for minor local hypersensitivity reactions." He admitted that thimerosal exposure during the first six months of life exceeded the EPA's recommended guidelines but it did not "exceed the recommended guidelines set by FDA, the Agency for Toxic Substances and Disease Registry, and the World Health Organization."[235]

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232. Additives in Childhood Vaccines, Statement of William Egan, Ph.D., Acting Office Director, Office of Vaccine Research and Review, Center for Biologics Evaluation and Research, Food and Drug Administration, Department of Health and Human Services, before the House Committee on Government Reform, July 18, 2000, http://www.fda.gov/NewsEvents/Testimony/ucm114923.htm, viewed 7/8/2014.

233. Ibid.

234. Ibid.

235. Ibid.

In July 2001, Dr. George Lucier, the former director of the Environmental Toxicology Program at the NIH, presented information to the IOM's Immunization Safety Review Committee. He told the committee that ethylmercury is a neurotoxin and that infants may be more susceptible than adults are and that ethylmercury should be considered equipotent to methylmercury as a developmental neurotoxin. Ethylmercury exposure from vaccines, along with exposure to methylmercury through food, probably caused neurotoxic responses in some children. At a hearing on July 19, 2002, Dr. Jeffrey Bradstreet said, "More concerning to me in the Institute's treatment of mercury problems, was the almost complete absence of regard for compounding effect of thimerosal on preexisting mercury levels. The NHANES Study from the CDC had already established that perhaps one in ten children are born to mothers with elevated mercury burden."[236]

The IOM admitted there was a plausible link between autism and thimerosal. Yet, the FDA said, "In its report of October 1, 2001, the *Immunization Safety Review*: *Thimerosal -Containing Vaccines and Neurodevelopmental Disorders*, the committee .concluded that 'the evidence is inadequate to either accept or reject a causal relationship between thimerosal exposure from childhood vaccines and the neurodevelopmental disorders of autism, attention deficit hyperactivity disorder (ADHD), and speech or language delay.'" The committee based its conclusions on these factors:

- The available case reports are uninformative with respect to causality.
- There are no published epidemiological studies examining the potential association between thimerosal-containing vaccines and neurodevelopmental disorders.
- The unpublished and limited epidemiological studies provide only weak and inconclusive evidence regarding the hypothesis

236. Dan Burton, Mercury in Medicine Report, The House of Representatives Tuesday, May 20, 2003, http://www.aapsonline.org/vaccines/mercinmed.pdf, viewed 7/30/2014.

> that exposure to thimerosal-containing vaccines may lead to certain neurodevelopmental disorders.[237]

By 2002, there were numerous lawsuits against Eli Lilly regarding thimerosal. In June 2002, President George W. Bush appointed Eli Lilly's CEO, Sidney Taurel, to a seat on the Homeland Security Advisory Council. Bush signed the Homeland Security Act, effective November 25, 2002. Shortly thereafter, *New York Times* columnist Bob Herbert revealed that someone, later discovered to be house majority leader Dick Armey,[238] buried a provision into the act at the last minute that would protect Eli Lilly and a few other big drug manufacturers "from lawsuits by parents who believe their children were harmed by thimerosal." By early 2003, both Republicans and Democrats agreed to repeal this particular provision in the Homeland Security Act.[239]

The IOM convened a conference on February 9, 2004, in Washington DC to evaluate the potential link between thimerosal and autism. On September 8, 2004, Egan again appeared before the House Committee on Government Reform and reiterated, "Although there were no known risks from these levels of thimerosal in vaccines, the Public Health Service, along with the American Academy of Pediatrics and the American Academy of Family Physicians felt that it was prudent to reduce childhood exposure to mercury from all sources, including vaccines, as feasible." Consistent with this goal, "with the exception of the influenza vaccine," all the routinely recommended licensed pediatric American-made vaccines (DTaP, hepatitis B, pneumococcal conjugate, IPV, MMR, and varicella) "are either thimerosal-free or contain only trace amounts of thimerosal," available from two manufacturers. The CDC recommended the inactivated influenza virus vaccine "for routine use in a pediatric population," six months through twenty-three months of age. Drug

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237. Kathleen Stratton, Alicia Gable, and Marie C. McCormick, Editors, Immunization Safety Review: Thimerosal-Containing Vaccines and Neurodevelopmental Disorders, pp. 5–6 http://www.nap.edu/download.php?record_id=10208, viewed 8/21/2014.

238. The Man behind the vaccine mystery, http://www.cbsnews.com/news/the-man-behind-the-vaccine-mystery, viewed 6/14/2014.

239. Bruce E. Levine, Eli Lilly, Zyprexa and the Bush Family, the Diseasing of our Malaise, http://psychrights.org/articles/LevineLillyandBush.htm, viewed 4/28/2014

companies can reduce/eliminate thimerosal and replace multi-dose vials with single-dose vials, which do not require a preservative.[240]

Egan admitted that the cumulative exposure to mercury via "routine childhood vaccinations" during the first six months of life was approximately 187.5 micrograms. Now that the drug companies have reformulated the vaccines, the maximum cumulative exposure for the same period is less than three micrograms of mercury. That represents almost a 98 percent reduction in mercury exposure.[241] The IOM's Immunization Safety Review Committee reviewed the two studies, in 2001 and 2004, regarding the "potential link" between thimerosal and autism. The committee concluded that there was insufficient data to "either accept or reject a causal relationship between thimerosal-containing vaccines and neurodevelopmental disorders, including autism." Based on this "evidence," the IOM committee concluded, "The evidence favors rejection of a causal relationship between thimerosal-containing vaccines and autism."[242]

An IOM committee evaluated 12,000 peer-reviewed articles and then on August 25, 2011, released an eight-hundred-plus-page book, *Adverse Effects of Vaccines, Evidence and Causality* edited by four academics chaired by Ellen Wright Clayton, a fellow of both the American Association for the Advancement of Science (AAAS) and the American Pediatric Society. In the book's description, it says, "Immunizations are a cornerstone of the nation's efforts to protect people from a host of infectious diseases. Though generally very rare or minor, there are side effects, or 'adverse effects,' associated with some vaccines. Importantly, some adverse events following a vaccine may be due to coincidence and are not caused by the vaccine." Further, it says, "However, for the majority of cases (135 vaccine-adverse event pairs), the evidence was inadequate to accept or reject a causal relationship. Overall, the

240. Statement of William Egan, Ph.D., Acting Director, Office of Vaccines Research and Review, Center for Biologics Evaluation and Research before the Subcommittee on Human Rights and Wellness, House Committee on Government Reform, September 8, 2004, http://www.fda.gov/NewsEvents/Testimony/ucm113267.htm, viewed 7/6/2014.

241. Ibid.

242. Ibid.

committee concludes that few health problems are caused by or clearly associated with vaccines."[243]

In the decidedly prejudiced preface, it states,"Vaccines are widely recognized as one of the greatest public health successes of the last century, significantly reducing morbidity and mortality from a variety of bacteria and viruses. Diseases that were once the cause of many outbreaks, common causes of loss of health and life, are now rarely seen, because they have been prevented by vaccines. However, vaccines can in rare cases themselves cause illness. A rare potential for harm can loom large when people no longer experience or fear the targeted disease. In this regard, the public opinion of vaccines can be a victim of their success."[244]

Dr. Haley points out that the IOM used a very old ploy of looking at autism and not vaccines in "looking where it ain't" if you do not wish to find incriminating evidence. Dr. Haley, when he has encouraged parents of autistic children to obtain a urinary porphyrin profile, reports that nearly 100 percent of these children tests "show signs of mercury toxicity" from this clinical testing procedure. Therefore, instead of looking at the thimerosal-laced vaccines, the IOM subtly persuades people to look "everywhere except" in the "most logical place." "The IOM ought to be ashamed of itself, if not for doing something scientifically dishonest, then for being so inept as to think vaccine exclusion from consideration of exclusion for autism causation would be accepted by the American public. Most importantly, while they are looking everywhere else these children lose time before an acceptable treatment for mercury toxicity can be developed, and at least a significant number of autistic children are definitely mercury toxic."[245]

In America, manufacturers, despite the claims that there was no "causal relationship between thimerosal-containing vaccines and autism,"

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243. Adverse Effects of Vaccines: Evidence and Causality, http://www.iom.edu/reports/2011/adverse-effects-of-vaccines-evidence-and-causality.aspx, viewed 7/4/2014.

244. Adverse Effects of Vaccines, Evidence and Causality, Committee to Review Adverse Effects of Vaccines

Board on Population Health and Public Health Practice, Institute of Medicine, The National Academies Press, Washington, D.C., 2011, preface.

245. Boyd Haley Ph.D., http://whale.to/v/haley_q.html, viewed 8/21/2014, See also http://whale.to/v/haley.html. Viewed 8/21/2014.

finally removed thimerosal from childhood shots. However, they retained it for use in developing countries. Before parents breathe a sigh of relief that maybe the CDC is actually protecting America's youth, now the CDC recommends that every person six months or older receive an annual flu shot, in addition to any other shots they deem necessary, whether it is against Ebola, the latest scare, or other emergency measures. Essentially, the CDC has merely substituted the previous thimerosal source, early childhood vaccines, to thimerosal-containing influenza vaccinations.[246] Recently, a young woman, the mother of four, told me, "I would not feel like a good mother if I did not take my children to the doctor for their flu shots."

246. Seasonal Influenza Vaccine Supply for the U.S. 2014-15 Influenza Season, http://www.cdc.gov/flu/about/qa/vaxsupply.htm, and http://www.cdc.gov/flu/about/qa/vaxsupply.htm, viewed 8/21/2014.

PART 2

The FDA, Protecting the Corporations

Pre-transformation of the FDA

Before 1962, the FDA approved drugs for safety only. After pregnant women in Europe had taken thalidomide that resulted in numerous severe birth defects, Congress required that drug manufacturers, in addition to safety, also prove the efficacy of their products before FDA would approve of those drugs for marketing. Government agencies and other special interests encouraged drug companies to develop disease-specific drugs that only AMA-licensed physicians could prescribe. These physicians, now drug "agents,"were trained in America's medical schools by people affiliated with the pharmaceutical industry. Doctors thereafter focused on the treatment of diseases"rather than on helping people naturally maintain their health. The worldwide thalidomide crisis "dramatically changed healthcare.""[247]

On October 10, 1962, JFK signed the Kefauver Harris Amendment, also known as the Drug Amendments Act into law. This was an amendment to the Federal Food, Drug, and Cosmetic Act of 1938, "which explicitly stated that the FDA would rely on scientific testing and that new drug approvals would be based not only upon proof of safety, but also on 'substantial evidence' of a drug's efficacy."[248] The new law necessitated "randomized clinical trials" (RCT) and standardized the criteria and the methodology by which drug companies conducted them. Yet, trials are expensive, which increased the development expenditures and forced the corporate evolution of the pharmaceutical industry.[249]

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247. David Healy, The Creation of Psychopharmacology, Harvard University Press, Cambridge, Massachusetts, Kindle, 2002, Locations 4040-4047.

248. Suzanne White Junod, FDA and Clinical Drug Trials: A Short History, http://www.fda.gov/AboutFDA/WhatWeDo/History/Overviews/ucm304485.htm, viewed 7/12/2014.

249. David Healy, The Creation of Psychopharmacology, Harvard University Press, Cambridge, Massachusetts, Kindle, 2002, Locations 4040-4047.

The FDA's alleged mission is to "promote and protect the public health by helping safe and effective products reach the market in a timely way, and monitoring products for continued safety after they are in use." According to the FDA, "at the heart of all FDA's product evaluation and decisions is a judgment about whether a new product's benefits to users will outweigh its risks. No regulated product is totally risk-free, so these judgments are important. FDA will allow a product to present more of a risk when its potential benefit is great—especially for products used to treat serious, life-threatening conditions."[250]

Even in the mid-seventies, the federal government accommodated Big Pharma. A military recruit became ill and died a few days later while two hundred other recruits in Fort Dix, New Jersey, got sick but recovered. In March 1976, CDC director Dr. David J. Sencer, noted for his smallpox operation in Central Africa, and other decision makers at the CDC panicked over this "outbreak" and directed the Public Health Service (PHS) to request about 200 million doses of vaccine and persuaded President Gerald Ford to call for the national Influenza Immunization Program during which over forty million Americans received the flu vaccine. Ford declared that every "man, woman and child" should be vaccinated. The taxpayers paid $137 million to the pharmaceutical companies for the vaccine. The campaign ran from early October but ended in December after cases of Guillain-Barré syndrome came to light, presumably caused by the vaccine. In 1979, people learned that twenty-five people died from the vaccine and five hundred Americans contracted Guillain-Barré syndrome, a paralyzing neurological disease.

A drug maker may approach the FDA numerous times for the approval of a drug, after the company's failure to "prove the efficacy and the safety of a drug." The FDA will approve the drug "if there is an indication of a possible desired effect." A drug company classifies deaths that occur during a clinical trial as trade secrets, and for that reason, the company does not have to disclose those deaths to the FDA authorities. "The whole procedure serves to immunize the pharmaceutical industry and not the interests of the patient."[251]

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250. Dan Burton, Mercury in Medicine Report, The House of Representatives Tuesday, May 20, 2003, http://www.aapsonline.org/vaccines/mercinmed.pdf, viewed 7/30/2014.

251. John Virapen, Side Effects Death, Confessions of a Pharma-Insider, Virtualbookworm.com Publishing Inc., College Station, Texas, 2010, p. 112.

The president-appointed FDA commissioner directs the agency, currently located in the Federal Research Center at White Oak. It operates under the DHHS and has 223 field offices and 13 laboratories throughout America, in the Virgin Islands, and in Puerto Rico. In 2008, it opened offices in India, Costa Rica, Chile, Belgium, England, and China, perhaps to implement global objectives in conjunction with the World Bank and GAVI. Theoretically, this unelected bureaucracy regulates and supervises food safety, tobacco products, dietary supplements, prescription and OTC preparations, vaccines, blood transfusions, biopharmaceuticals, medical devices, electromagnetic radiation emitting devices, veterinary products, and cosmetics. Given that live disease-causing viruses and mercury are in vaccines, that debilitating fluoride is in our water, and the neurotoxin aspartame is in our food, it seems patently obvious that the FDA protects corporate interests at the expense of public health.

David Rockefeller met with other Republicans to develop a strategy to halt Ronald Reagan's presidential campaign, despite the fact that he supported big business and big oil. Reagan was too popular. The day after his campaign victory in New Hampshire, establishment lawyer William Casey (CFR) became his campaign manager and George H. W. Bush became Reagan's running mate. After the election, the transition team was composed of twenty-eight CFR members and Reagan ultimately appointed more than eighty individuals who belonged either to the CFR or to the Trilateral Commission. Despite his campaign promise to balance the budget, in genuine Keynesian style, with congressional approval, he increased the debt more than all former presidents combined though he was allegedly against big government and taxation. He raised taxes on Social Security and gasoline in the biggest single tax increase in the nation's history.[252]

Policies within the FDA changed drastically when Reagan formally took office on January 20, 1981. In 1973, despite studies showing the horrific health risks, Searle submitted over a 100 "safety" studies and applied for FDA approval. Dr. Martha Freeman of the FDA said that Searle had provided inadequate information about the "toxic breakdown product diketopiperazine (DKP)." Dr. John Olney, a professor of

252. James Perloff, The Shadows of Power, Western Islands, Appleton, Wisconsin, 1988, pp. 168–171.

psychiatry and neuropathology; James Turner, an attorney; and Legal Action for Buyer's Education and Labeling filed a formal objection to aspartame's FDA approval, citing evidence that it could cause brain damage. In July 1973, President Richard M. Nixon asked Caspar W. Weinberger, the Health, Education, and Welfare (HEW) secretary to appoint Alexander M. Schmidt as FDA commissioner. In 1974, Schmidt approved of aspartame as a food additive in dry goods. In 1975, concerned over Searle's submissions to the FDA, he created a task force that prompted Searle to withdraw from the market. The task force issued a five-hundred-page report proving Searle's clinical irregularities. In the same year, Jerome Bressler formed another task force to look into the indiscretions in Searle's aspartame studies uncovered by Schmidt's group.[253]

For sixteen years, Searle had failed to get FDA approval because the agency felt that the company's product was completely unsafe to the point that it wanted to indict Searle for fraud. On January 10, 1977, FDA chief counsel Richard Merrill wrote a thirty-three-page letter to US attorney Samuel Skinner, detailing violations of the law that a grand jury be set up to investigate G. D. Searle. In the letter, Merrill stated, "We request that your office convene a Grand Jury investigation into apparent violations of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. 331(e), and the False Reports to the Government Act, 18 U.S.C. 1001, by G.D. Searle and Company and three of its responsible officers for their willful and knowing failure . . . and for concealing material facts and making false statements in reports of animal studies conducted to establish the safety of the drug Aldactone and the food additive Aspartame."[254]

A grand jury, under Skinner's leadership, began the investigation. Searle's law firm, Sidley and Austin, offered Skinner what must have been a very plush position at their firm. William Conlon then assumed Skinner's jurisdiction over the grand jury. Conlon procrastinated until

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253. Kenneth Stoller, MD, FAAP, Thimerosal and Aspartame as cofactors in the Autism Epidemic, Dr. Stoller is President, International Hyperbaric Medical Assoc., Medical Director, Hyperbaric Medical Center, New Mexico Medical Director, Hyperbaric Oxygen Clinic Sacramento, http://usautism.org/content/PDF_files_newsletters/8_stoller_kp.ppt.pdf, viewed 7/7/2014.

254. History of Aspartame, http://www.wnho.net/history_of_aspartame.htm, viewed 4/18/2014.

the stature of limitations on aspartame expired. They dropped the investigation. Searle pressured to FDA to convene another task force, headed by Jacqueline Verrett, to review the negative Bressler report. Subsequently, the FDA exonerated Searle of "any wrongdoing in its testing procedures." In 1987, Verrett would testify in a Senate committee that "her team was forced into validating data from experiments that were clearly a disaster."[255]

In 1979, the FDA convened a public board of inquiry (PBOI) to review the objections and issues that Olney and Turner had raised. Olney reiterated that "the FDA has a special obligation to protect children" and that "there is no margin of safety for the use of aspartame in the child's diet." Dr. Olney warned the FDA, "Aspartame will contribute to the incidence and severity of mental retardation in fetuses and children." Apparently, Dr. Olney was sufficiently persuasive that the FDA, then attempting to protect the nation's children, voted "unanimously against aspartames' approval."[256]

Donald Rumsfeld was the US ambassador to NATO (1973–1974) then the chief of staff in the Ford administration (1974–1975), and then defense secretary (1975–1977). He then became CEO, president, and then chairman of the G. D. Searle (1977–1985). James Turner claimed Searle hired Rumsfeld to handle the aspartame approval difficulties as a "legal problem rather than a scientific problem."[257] According to a former Searle salesperson, Patty Wood-Allott, Rumsfeld told his sales force that, if necessary, "he would call in all his markers and that no matter what, he would see to it that aspartame would be approved that year." Rumsfeld, for his efforts, received a $12 million bonus from Searle.

The very day after pro-business Reagan took office, Searle reapplied for the approval of aspartame, along with several new studies. Some people believed that Reagan would replace Jere Goyan, the FDA

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255. Kenneth Stoller, MD, FAAP, Thimerosal and Aspartame as cofactors in the Autism Epidemic, Dr. Stoller is President, International Hyperbaric Medical Assoc., Medical Director, Hyperbaric Medical Center, New Mexico Medical Director, Hyperbaric Oxygen Clinic Sacramento, http://usautism.org/content/PDF_files_newsletters/8_stoller_kp.ppt.pdf, viewed 7/7/2014.

256. Ibid.

257. History of Aspartame, http://www.wnho.net/history_of_aspartame.htm, viewed 4/18/2014.

commissioner.[258] Those new studies concealed the injurious results and horrendous health risks of the company's previous studies. The HEW became the Department of Health and Human Services in 1980. Reagan appointed Richard Schweiker as the DHHS secretary on January 22, 1981. Schweiker immediately appointed Dr. Arthur Hull Hayes, an American pharmacologist and a Rhodes scholar, as the FDA commissioner. Hayes's father, Arthur Hull Hayes Sr. was the president of CBS Radio.[259] Hayes took office on April 13, 1981, and quickly overruled an FDA Board of Inquiry and approved aspartame. He would leave the FDA on September 11, 1983, and become the dean of New York Medical College and later the president of EM Pharmaceuticals Inc.

In 1983, Dr. Woodrow Monte, a pediatrician board certified in pediatrics and integrative holistic medicine, and Turner petitioned the FDA for a hearing to discuss the dangers of aspartame. The FDA responded that "the studies demonstrated the safety of aspartame's components." Monte and Turner also asked the CDC to investigate the numerous cases of aspartame's adverse reactions as reported to the FDA, including aggressive behavior, disorientation, hyperactivity, memory loss, seizures, mood swings, cardiac arrest, liver impairment, suicidal tendencies, and death. Less than 1 percent of the people report their adverse reactions. In 1994, the CDC and the FDA compiled a report that described all the adverse reactions from aspartame, which then consisted of 75 percent of the complaints in the monitoring system. By 1995, there would be 10,000 complaints about aspartame.[260]

In 1985, Monsanto, founded in 1901 by pharmacist John Francis Quenny, purchased Searle for $2.7 billion. Quenny's father-in-law was Emmanuel Mendes de Monsanto, a wealthy financier of a sugar company. Some of Monsanto's first products were food additives, like saccharin, caffeine, and vanillin. In the 1960s, Monsanto became one

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258. Ibid.

259. Obituary of Arthur Hull Hayes, New York Times, April 17, 1986, http://www.nytimes.com/1986/04/17/obituaries/arthur-hull-hayes-81-ex-head-of-cbs-radio.html, viewed 5/10/2014.

260. Kenneth Stoller, MD, FAAP, Thimerosal and Aspartame as cofactors in the Autism Epidemic, Dr. Stoller is President, International Hyperbaric Medical Assoc., Medical Director, Hyperbaric Medical Center, New Mexico Medical Director, Hyperbaric Oxygen Clinic Sacramento, http://usautism.org/content/PDF_files_newsletters/8_stoller_kp.ppt.pdf, viewed 7/7/2014.

of the producers of Agent Orange, along with Dow Chemicals (makers of napalm), Uniroyal, and other companies. Monsanto's Agent Orange contained higher levels of dioxin than that produced by the other companies. Operation Ranch Hand (1962–1971) sprayed six million acres of forest, along with thousands of US military personnel "serving" in Vietnam with nineteen million gallons of defoliant. President George H. W. Bush appointed Dr. David Kessler as the FDA commissioner (1990–1997). He gave aspartame full approval, to be used as a sweetener in everything. In 1997, Kessler left the FDA and became the dean of the Yale School of Medicine (1997–2003). When George W. Bush became president, he appointed Linda J. Fisher, a former Monsanto vice president and one of their lobbyists, to the second highest position in the EPA.

When the initial version Stevia was introduced, its distributor created a cookbook with directions on how to use this sweetener instead of sugar. The FDA directed him to destroy the cookbooks and actually sent agents to his warehouse to supervise the burning of these benign books. At that time, one of the FDA's decision makers had a financial interest in NutraSweet, a competitor to the newly introduced Stevia. Reportedly, the original version of Stevia has since been compromised and is now under the FDA's control. On another occasion, with the help of local law enforcement, the FDA sent a SWAT team to the office of Dr. Jonathan Wright, an expert in alternative and nutritional medicine, to confiscate "dangerous drugs," which turned out to be injectable vitamins.[261]

About 140 million people in the United States regularly use vitamins and minerals. There have been 2,500 adverse events annually that one might attribute to vitamins, but deaths, rarely, if ever occur from supplement use.[262] However, each year, according to the FDA's website, about 2.2 million people have experienced serious adverse drug reactions (ADR) to FDA-approved prescription written by AMA-licensed physicians. Doctors staff the panels that approve of these drugs. In nursing homes, the yearly ADR rate is 350,000. Each year, 100,000

261. Andrew G. Robbins, *Licensed to Kill: The Growing Epidemics of Iatrogenic Disease and Bureaucratic Madness*, Author House, Bloomington, Indiana, Kindle, 2006, Locations 588–596.

262. Ibid., Locations 588–596.

perish because of ADRs.[263] Some authorities say the figure is 106,000. This is criminal! Yet, no one is arrested, prosecuted, sued, censured, or fired despite the admitted killing of thousands of people each year. This is corporate criminality, and the media covers it up.

263. Why Learn about Adverse Drug Reactions (ADR), http://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentResources/DrugInteractionsLabeling/ucm114848.htm, viewed 4/20/2014.

Commercialization of Government-Funded Inventions

A Public-Private Partnership

Former spokesperson for General Electric, pro-corporation Ronald Reagan, the former governor of California (1967–1975), was elected as president (1981–1989). His administration applied its pro-business mentality to government policies as well as to the nation's moral values in general. People began viewing wealth as the ultimate objective, and if one had money, he or she could also have power, particularly political power, even if it was detrimental to others. Previously, most scientists and academics focused on innovative research and negatively regarded those who abandoned nobler, more virtuous objectives and catered to industry for the almighty corporate dollar. The pharmaceutical industry took a giant leap forward during the Reagan years due to corporate and government cronyism and the legislation that benefitted business.

Even before Reagan took office in January, a lame-duck Congress passed the Bayh-Dole Act (Birch Bayh and Bob Dole). This law made it possible for universities and small businesses, sponsored by the taxpayer-funded NIH, to patent their medical-centered inventions and discoveries and then award "exclusive" licenses for production to drug companies. When the citizens, via their tax dollars, finance something, then it should remain in the public domain.[264] The law promotes the commercialization of government-funded inventions and transfers the title of them to universities and other contractors.

This constitutes complicity between the drug industry, government, and ivory-tower doctors at the expense of the American public. Allegedly,

264. Marcia Angell, The Truth About the Drug Companies: How They Deceive Us and What to Do About It, Random House Publishing Group, New York, Kindle, 2004, Locations 2499–2507.

the industry spends $30-plus billion on research and development, and that is the reason that Big Pharma has to charge such high prices. The industry actually develops very few new innovative drugs. The majority of the newly marketed drugs are the result of publicly supported research, subsidized by the NIH. Scientists conduct research at universities, biotechnology companies, medical schools, teaching hospitals, or at the NIH, a government agency, all made possible with the enactment of the Bayh-Dole Act in conjunction with the Stevenson-Wydler Act, the first major technology transfer law, signed into law by Jimmy Carter on October 21, 1980. This law permitted the federally funded laboratories to transfer technology and an exclusive license to the drug companies in exchange for royalties. Drug companies then patent and market the drugs for additional uses. Sometimes they acquire the drugs before they reach the clinical trial stage.[265]

Before Congress passed Bayh-Dole, the Supreme Court, for the first time, allowed a patent on a living organism. Ananda Mohan Chakrabarty, a scientist at General Electric, created a genetically engineered bacterium capable of breaking down crude oil. Patents give inventors a monopoly on their creations and prohibit competitors from marketing those products for twenty years. The justices argued the case on March 17, 1980, and made their decision on June 16, 1980. The United States Patent and Trademark Office (USPTO) granted a patent on March 31, 1981. The court's decision overturned the long-standing policy of the patent office that stated that no one could patent living things. This ruling allowed "the patenting of genes, cell lines, tissues, and organs." Transplant doctors could now legitimately view human body parts as commodities on the open market.[266] Chief Justice Warren E. Burger wrote the decision and was joined by Potter Stewart, Harry Blackmun, William Rehnquist, and John Paul Stevens.

The Bayh-Dole and Stevenson-Wydler Acts of 1980 allowed the pharmaceutical companies to license and profit from NIH-financed research. After that, the number of biomedical patents increased dramatically. Certain individuals in the industry, including the chemical

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265. Ibid., Locations 779–794.

266. Melody Petersen, Our Daily Meds: How the Pharmaceutical Companies Transformed Themselves into Slick Marketing Machines and Hooked the Nation on Prescription Drugs, Farrar, Straus and Giroux, New York, Kindle, 2010, pp. 178–179.

business, licensed numerous new technologies, claiming proprietary protection that essentially further limited the distribution of scientific material and the investigation of new scientific indications. The law implied that drugs licensed from academic institutions would be available in as much as the government financed the research. The pharmaceutical industry, the academic medical centers, the NIH, and Congress seem to have either forgotten or are simply ignoring those stipulations in favor of their corporate cronies.[267]

Congress passed the Bayh-Dole Act in a lame-duck session and took effect on December 12, 1980. It reversed thirty-five years of public policy. This unique legislation, to more effectively invest the $75 billion a year that the government spent in R&D, allowed (1) nonprofit organizations such as universities to retain title to and market the inventions they created using federal research funds and (2) federal agencies to grant exclusive licenses for federally owned inventions to provide more incentive to businesses.[268]

The act and the court decision allowing individuals and universities to patent biological things ignited greed among academic administrators and their faculties. They envisioned their medical laboratories as vehicles of revenue and "their professors as entrepreneurs." By 1995, "university researchers" assisted in the founding of 1,633 new companies. In 1997, Stanford University researchers obtained 128 new patents, founded fifteen companies, and received $52 million by licensing products. Now, there are "hundreds of academic scientists, including many who had once looked at the pharmaceutical industry with skepticism, walked down from their ivory towers and into the boardrooms of corporate America."[269]

With Bayh-Dole, which is ongoing and even more pervasive and destructive, there no longer exists any protection for individuals against

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267 Marcia Angell, The Truth About the Drug Companies: How They Deceive Us and What to Do About It, Random House Publishing Group, New York, Kindle, 2004, Locations 2487–2495.

268 Technology Transfer, Administration of the Bayh-Dole Act by Research Universities, United States General Accounting Office, 1998.

269. Melody Petersen, Our Daily Meds: How the Pharmaceutical Companies Transformed Themselves into Slick Marketing Machines and Hooked the Nation on Prescription Drugs, Farrar, Straus and Giroux, New York, Kindle, 2010, pp. 178–179.

corporatocracy. The corporations have dehumanized humanity and view people as merely a vehicle for massive profits. The pharmaceutical industry finds and funnels money into the pockets of influential academics, medical perception managers, or key opinion leaders (KOLs). Other physicians look to the KOLs for scientifically backed opinions without an inkling that the information might be ineffectual or even dangerous to their patients.[270] Opinions are just that and are not always supported by scientific evidence. KOLs function in the establishment of a consensus in many areas of society.

The drug companies, those that the FDA is supposed to scrutinize and regulate, supply most of the FDA's financing, which is the reason for its "utter abandonment of public safety." Incrementally, since its inception, the FDA has evolved into the drug industry's lackey to maximize its profits. Now, the FDA, dedicated to protecting Big Pharma, is totally compromised and unwilling to protect the American public. The FDA's client is the drug industry; that is who it represents. The FDA's Center for Drug Evaluation and Research (CDER), established in 1982, devotes at least 80 percent of its resources to the approval of new drugs and 20 percent to everything else. It allocates 5 percent to drug safety. Although Congress created what has become an uncontrollable behemoth, it will not harness the FDA. Not only that, Congress expanded the FDA's already excessive power by passing the Prescription Drug User Fee Act (PDUFA), renewable every five years, through which drug companies would pay significant user fees to the FDA to review, approve, and expedite its drugs.[271]

In 1992, due to the pharmaceutical industry's criticism of the FDA's approval time for new drugs, because of its lack of financial resources for adequate staff, Congress passed the PDUFA. A company that applies for FDA approval of its product must pay an application fee, initially $310,000 per drug, which the FDA utilized to increase its staff by 1,500 new drug-industry-paid employees by 2002. By 2004, the fee was

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270. Shannon Brownlee, *Doctors without Borders, Why you can't trust medical journals anymore,* Washington Monthly, April 2004, http://www.washingtonmonthly.com/features/2004/0404.brownlee.html, viewed 5/16/2014.

271. Dr. Joseph Mercola, Shocking Story Reveals How the FDA Is Recklessly Abandoning Drug Safety, August 13, 2012, http://articles.mercola.com/sites/articles/archive/2012/08/13/, viewed 7/15/2014

$576,000 per drug. The user fees soon accounted for approximately half of the FDA's drug evaluation budget. The fast-growing pharmaceutical industry, with its many chemical preparations, now subsidizes the FDA, the very agency that is supposed to be protecting the population. President George H. W. Bush signed this act into law on October 29, 1992. In 2005, the FDA increased its user fees to $295 million. Fifty-five percent of the new employees were in positions where they would review new drug approvals. Since the law was enacted, the industry has pulled thirteen prescription drugs from the market following the deaths of hundreds of people. As they say, speed kills, apparently in many ways.[272]

In a *Los Angeles Times* article, David Willman revealed the resulting problems associated with the PDUFA. This law also allowed for the approval of 20 percent more drugs within three years. There was also a simultaneous increase in the FDA approval of harmful drugs. From January 1993 to December 2000, drug companies introduced seven lethal drugs, but they soon withdrew those drugs following their connection to at least 1,002 deaths. Those are just the confirmed deaths. Many people may have perished without recognizing the causal association to the drugs. In August 2001, Willman reported that companies had withdrawn a dozen lethal drugs since Sept 1997, nine of which the FDA had approved after 1993. They included a diet pill, a medicine for heartburn, and an antibiotic, all of them dangerous.[273]

George Keyworth, Reagan's science advisor, initiated the idea of this technology transfer to private business entities, what amounts to the commercialization of the people's health. In 1984, private firms invested $26 million into university research budgets. By 2000, they invested $2.3 billion, an increase of 9,000 percent. This money came at a time when the cost of "medical research" was rapidly increasing. The Bayh-Dole Act created a burgeoning alliance between academics that should have been

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272. Andrew G. Robbins, *Licensed to Kill: The Growing Epidemics of Iatrogenic Disease and Bureaucratic Madness*, Author House, Bloomington, Indiana, Kindle, 2006, Locations 536–544; Marcia Angell, The Truth About the Drug Companies: How They Deceive Us and What to Do About It, Random House Publishing Group, New York, Kindle, 2004, Locations 2556–2568

273. Allen Jones, Internet by the Law Project for Psychiatric Rights, January 20, 2004, pp. 38–39, http://psychrights.org, viewed 4/19/2014

objective and scientific and the insensitive pharmaceutical industry whose objective is to make an ungodly amount of profit.[274]

During Reagan's administration, federal research grants decreased while the privatization of research funding increased. Drug companies then began to fund most of the research and the clinical trials. The Agency for Health Care Policy and Research (AHCPR) stated that a drug company funded 315 clinical trials of twenty-nine antidepressant drugs. The drug companies are naturally not going to "discover" the fact that talk therapy is more effective than medication.[275]

Congress passed the Drug Price Competition and Patent Term Restoration Act, sponsored by Senator Orrin Hatch and Representative Henry Waxman, which took effect on September 24, 1984. Their alleged objectives were to encourage the struggling generic-drug industry while also extending more exclusivity to the brand-name drugs to compensate for the lengthy FDA approval times. The law streamlined the FDA approval procedure for generic firms who did not have to clinically test their drugs. All that the FDA required was evidence that their less-expensive drugs contain the same active ingredients as the previously tested brand-name drugs they reproduced and were "bioequivalent" to the patient.[276] The industry managed "educational" crusades to increase public awareness. The law allowed the drug makers to fast-track "generic versions of brand-name drugs without conducting costly and duplicative clinical trials."[277] In 1985, the FDA announced that it was considering accepting clinical trials conducted in other countries as part of the New

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274. Shannon Brownlee, *Doctors without Borders, Why you can't trust medical journals anymore*, Washington Monthly, April 2004, http://www.washingtonmonthly.com/features/2004/0404.brownlee.html, viewed 5/16/2014.

275. Barry Duncan, Scott Miller, Jacqueline Sparks, Exposing the Mythmakers: How Soft Sell Has Replaced Hard Science, Family Therapy Networker, Volume 24, Issue 2, March/April 2000, Psychotherapy Networker, Inc. Nov/Dec 1996.

276. Marcia Angell, The Truth About the Drug Companies: How They Deceive Us and What to Do About It, Random House Publishing Group, New York, Kindle, 2004, Locations 2214-2231.

277 Bill Summary & Status, 98th Congress (1983 - 1984), S.1538, CRS Summary, http://thomas.loc.gov/cgi-bin/bdquery/z?d098:SN01538:@@@D&summ2=m&|TOM:/bss/d098query.html, viewed 6/28/2014.

Drug Application.[278] Adverse reaction reporting is much lower in the European trials than in the same trials done in America.[279]

After the passage of the Stevenson-Wydler, Congress passed the Federal Technology Transfer Act of 1986, effective October 20, 1986. This law established the Federal Laboratory Consortium, another legislative vehicle for the transfer of technology from federal government agencies to the commercial sector. It enabled federal laboratories to enter into Cooperative Research and Development Agreements (CRADAs) in order to negotiate licenses for patented inventions made at the laboratory. This and other legislation allows business to benefit from the commercial benefits without taking the technical risks of research and development.

Additionally, as a "partner," drug companies may exercise significant management over the manner in which the scientists conduct the research. Before the 1980s, drug companies, mostly led by chemists, encouraged the researchers they sponsored to work independently without pressure to develop innovative products. The drug companies did not interfere or fabricate data in the clinical trials. Then after the introduction of the public-private partnership (PPP) the prospect of massive profits, companies became enmeshed with the research, often having a marketing expert collaborate with the scientist on product research, design, along with the publication of the results. The industry sought to develop very marketable products that would appeal to a large segment of the population rather than a small group of people with a particular illness. Sponsors instead of researchers now direct the clinical trials. This power and greed initiated a massive expansion in industrial wealth and influence since 1980, along with increased medical costs. Drug companies, now led by profit-driven executives rather than chemists, controlled the research, and concealed the inevitable lethal side effects.[280]

Further, according to the adjudication of the Supreme Court, inventions no longer had to serve a practical purpose or, alternatively,

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278. New Drug Application (NDA), http://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/NewDrugApplicationNDA/default.htm, viewed 6/28/2014.

279. Stephen Fried, Bitter Pills, Inside the Hazardous World of Legal Drugs, Bantam Books, New York, 1998, pp. 113–114.

280. Marcia Angell, The Truth About the Drug Companies: How They Deceive Us and What to Do About It, Random House Publishing Group, New York, Kindle, 2004, Locations 1296-1305.

a patent could be acquired for a previously non-patentable item if the applicant could justify a future practical purpose, such as in the plants or body parts on the basis that the patent holder could alter or adapt the original genetic composition to create a beneficial end product. Given greater leniency by the USPTO and bonuses for the number of patents each examiner granted, Eli Lilly acquired two patents for Prozac, one for depression and another one for obesity. A company may now have several patents on the same drug with "new uses, dosage forms, and combinations of old drugs, even the coatings and colors of pills—can be patented."[281]

In 1987, due to industry influence, Congress passed legislation that prevents anyone other than the manufacturer from purchasing prescription drugs from other countries, even American-made, to block people from acquiring cheaper drugs from Canada.

The 1997 Food and Drug Administration Modernization Act greatly benefitted Big Pharma. It compelled the FDA to reduce its criterions for drug approval and the number of drug trials to as few as one. Most importantly, the FDA no longer required the drug companies to prove a new drug's efficacy over an older, often safer, drug. The drug companies may, as a result of the law, may use placebos only to test against the new drugs. This makes it possible for the drug companies to create more expensive copycat drugs rather than developing new beneficial innovative drugs. In 1990, the top ten drug companies spent about 11 percent of their sales revenue on research and development and 36 percent on marketing. By 2000, the figure for marketing increased to about 14 percent.[282]

In 1997, the National Bureau of Economic Research reported that publicly funded research was responsible for fifteen out of the twenty-one most effective drugs approved between 1965 and 1992. The *Boston Globe* reviewed the fifty top-selling drugs approved between 1992 and 1997 and discovered that the government funded forty-five of them. Publicly funded medical discoveries, and academic researchers, rather the pharmaceutical industry, are the key source and the driving force behind breakthrough drugs.[283]

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281. Ibid., Locations 2191-2200.
282. Ibid., Locations 2499-2507, 248-253.
283. Ibid., Locations 887-893.

Donald Rumsfeld headed Gilead Sciences (1997–2001), a company that produced antiviral drugs to treat patients infected with HIV, hepatitis B, and influenza. In March 1999, Gilead acquired NeXstar Pharmaceuticals whose two biggest revenue-generating drugs were AmBisome and DaunoXome, an oncology drug taken by HIV patients. Also in 1999, Roche announced the first approval of Tamiflu, which Gilead originally discovered and licensed to Roche for marketing. Rumsfeld, who held major stock in Gilead, left to become defense secretary (2001–2006) under George W. Bush. In November 2005, Bush urged Congress to pass $7.1 billion in emergency funding to prepare for the possible bird flu pandemic, of which the government dedicated $1 billion for the purchase and distribution of Tamiflu.

In October 2004, someone asked Bush, then running for his second term, if he were going to get a flu shot. He responded, "I haven't got a flu shot and I don't intend to." Andreas Moritz asked the obvious question, "Does Mr. Bush know more than the rest of us?"[284] This is reminiscent of the attitudes evident at the Simpsonwood damage control consensus conference—dangerous vaccines are good for the population but not for the grandchildren of the conference participants.

In 2003, Carl Elliott wrote, "In the past two decades the United States has moved steadily toward a market-based healthcare system. In this system, the pharmaceutical industry has achieved unprecedented financial power. Since the early 1990s, the pharmaceutical industry has been the most profitable industry in America, with margins exceeding eighteen percent. With profit has come power. In the 1999-2000 election cycle, the drug industry spent more money on political lobbying than any other industry, more than the oil and gas industry, more than tobacco, more_than the insurance or automobile industry. The drug industry has also ratcheted up its spending on doctors. The number of drug representatives employed to make promotional pitches directly to doctors rose by fifty-seven percent in the 1990s to a total of 88,000 by the end of the decade. Perhaps most remarkably, the drug industry now funds forty percent of continuing medical education in American medical schools."[285]

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284. Andreas Moritz, Cancer Is Not A Disease—It's A Survival Mechanism, Enerchi Wellness Press, Kindle, 2009, Location 2714-2715.

285. "Carl Elliott, Is Ugliness a Disease?" *The Guardian*, August 26, 2003, http://www.theguardian.com/lifeandstyle/2003/aug/26/healthandwellbeing.health1, viewed 8/8/2014.

FDA Modernization Act of 1997

Legalization of Drug Testing on Children

During the Clinton administration's National Partnership for Reinventing Government, Congressman Richard Burr and Senator James M. Jeffords sponsored a bill that legislators passed as the FDA Regulatory Modernization Act of 1997, which Clinton signed into law on November 21, 1997, which took effect on April 1, 1999. This effectively resulted in decreasing the time that it would require for the review and approval of new pharmaceutical drugs from thirty months to fifteen months. Senators Spencer Abraham; Daniel Coats; Christopher J. Dodd, majority leader; William H. Frist; and Chuck Hagel introduced the bill in the Senate. This law allows increased patient access to experimental drugs and eliminates the prohibition of broadcasting by manufacturers of information about unapproved uses of drugs.

In support of the modernization act, on October 7, 1998, Dr. Michael Freidman testified before a house subcommittee advocating the testing of drugs on children, "Very few prescription medications approved for marketing in this country are studied, let alone approved for use, in pediatric populations." Companies test their drugs "solely in adult populations," which Dr. Freidman finds "particularly troubling" because children metabolize drugs differently, experience different side effects and toxicities than adults. For several years, the FDA has encouraged a policy change that would allow drug testing on children so that the drug companies could add pediatric uses on drug labels. The FDA Modernization Act of 1997, section 111, permits the FDA to request

pediatric studies by drug companies and subsequent pediatric labeling for a drug.[286]

Per section 111, the secretary, by May 20, 1998, after "consultation with experts in pediatric research," was to publish a list of approved drugs that might benefit the pediatric population. On March 16, 1998, the FDA published its draft in the Federal Register after obtaining feedback from the AAP, Pharmaceutical Research and Manufacturers of America (PhRMA), the NIH, the Pediatric Pharmacology Research Units Network (PPRU), the National Pharmaceutical Alliance, the Generic Pharmaceutical Industry Association, the National Association of Pharmaceutical Manufacturers, and the United States Pharmacopeia (USP). The FDA published the final list on May 20, 1998. On June 29, 1998, the FDA issued guidelines to the drug industry on how to qualify for pediatric exclusivity. Previously, the FDA had issued "written requests for pediatric studies for several drugs."[287]

Most people have never heard of the PPRU Network. Sumner J. Yaffe, author of *Neonatal and Pediatric Pharmacology: Therapeutic Principles in Practice* (2010) was director of the NIH's Center for Research for Mothers and Children (1980–2000). After World War II, when he was in an army intelligence unit, the Office of Strategic Services, he studied pharmacology at Harvard. In 1954, after graduating from the University of Vermont, he received a Fulbright fellowship and went to London. While at the NIH, he promoted a research network devoted to pediatric pharmacology and is regarded as the Father of Pediatric Clinical Pharmacology.

Yaffe was an aggressive "advocate for the study of drugs in children." In 1990, the IOM sponsored the Forum on Drug Development, a seminar to "address the serious issue of the lack of pediatric labeling." Yaffe "was instrumental in convening the key stakeholders, NICHD, FDA, the pharmaceutical companies, and academia, to thoughtfully address this long-standing omission." The IOM suggested the creation of (1) incentives to promote innovator-sponsored labeling drug studies

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286. Implementation of the FDA Modernization Act of 1997, Statement of Michael A. Friedman, M.D., Acting Commissioner, Food and Drug Administration, Department of Health and Human Services before the House Committee on Commerce, October 7, 1998, http://www.fda.gov/NewsEvents/Testimony/ucm115096.htm, viewed 7/6/2014.

287. Ibid.

earlier in the drug development process and (2) a network of Pediatric Pharmacology Research Units (PPRUs), as suggested by Yaffe. It was his "crowning achievement." He was the chair of the AAP's Committee on Drugs.[288]

In 1994, the National Institute of Child Health and Human Development (NICHD) and the NIH founded the Pediatric Pharmacology Research Units (PPRU) Network, which functioned until 2010 as a "platform for pediatric clinical trials." One of the more than dozen units was at Yale University, in New Haven, under the direction of Dr. William V. Tamborlane.[289]

Per the FDA Modernization Act of 1997, FDA-appointed experts were to evaluate the extent of mercury in several drugs. What that expert found even shocked him. He discovered that, by six months of age, according to the Childhood Vaccine Schedule, doctors shot 187.5 micrograms of mercury into an infant's body. That is at least 40 percent more than what the Environmental Protection Agency guidelines suggest.[290] This law, the FDA Modernization Act (FDAMA), also allows and even encourages manufacturers to use children, including infants, to test patented drugs. The government even provides financial incentives to do this testing. Three children perished after they were given a heartburn medicine made by Janssen Pharmaceuticals.[291]

Vaccine makers responded to a December 1998 and April 1999 memo from the FDA regarding its request for thimerosal information. The AAP and the USPHS, referring to the FDAMA of 1997, said in their joint response, "Nevertheless, because any potential risk is of concern, the US Public Health Service (USPHS), the AAP, and vaccine manufacturers

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288. George Giacoia, Michael D. Reed, Sumner J. Yaffe: The Father of Pediatric Clinical Pharmacology, Journal of Pediatric Pharmacology and Therapeutics (JPPT) (2011 Vol. 16 No. 3, www.jppt.org, pp. 162-166, http://www.ppag.org/attachments/wysiwyg/3/Dr_Sumner_Yaffe.pdf, viewed 9/12/2014.

289. PPRU Sites, http://www.ppru.org/sites.aspx, viewed 9/12/2014.

290. Immunization Safety Review, Vaccines and Autism, Immunization Safety Review Committee Board on Health Promotion and Disease Prevention, Institute of Medicine of the National Academies, The National Academies Press, Washington, DC, 2005, Abstract, p. 50.

291. Louise Kuo Habakus, Mary Holland, Kim Mack Rosenberg (editors), *Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children*, Skyhorse Publishing, New York, Kindle, 2011, Locations 1905–1913.

agree that thimerosal-containing vaccines should be removed as soon as possible. Similar conclusions were reached this year in a meeting attended by European regulatory agencies, the European vaccine manufacturers, and the US FDA, which examined the use of thimerosal-containing vaccines produced or sold in European countries. The USPHS and the AAP are working collaboratively to ensure that the replacement of thimerosal-containing vaccines takes place as expeditiously as possible while at the same time ensuring that our high vaccination coverage levels and their associated low disease levels throughout our entire childhood population are maintained."[292]

While they would willingly accept any change in the composition of the vaccines, they really saw no reason to make any change evidenced by another comment in their joint statement that said, "There is a significant safety margin incorporated into all the acceptable mercury exposure limits. Furthermore, there are no data or evidence of any harm caused by the level of exposure that some children may have encountered in following the existing immunization schedule. Infants and children who have received thimerosal-containing vaccines do not need to be tested for mercury exposure."[293]

Tipper Gore, with a BA in psychology, was President Bill Clinton's mental health advisor for his Health Care Task Force, the architects for the health care reform proposals. Gore said, "Why should a woman with diabetes who needs insulin have it covered by insurance, whereas a woman with manic-depressive illness who needs lithium not be covered in the same way when both diseases can be managed and controlled?" The American Psychological Association, according to the *Los Angeles Times*, claimed that 18 percent of Americans, including fourteen million children, suffer from a diagnosable mental disorder and that one in five Americans will "experience at least one episode of major depression during their lifetimes." In 1993, the government claimed that "mental

292. Joint Statement of the American Academy of Pediatrics (AAP) And The United States Public Health Service (USPHS), *Pediatrics*, Vol. 104 No. 3 September 1999, pp. 568–569.

293. Ibid.

health treatment costs about $147 billion a year," out of the nation's $700 billion annual health care bill.[294]

In addition to the vaccine issues regarding children, there were also the mental health issues. On June 8, 1999, the Gores and the Clintons promoted the use of psychiatric drugs during the first White House Conference on Mental Health Howard University in Washington DC, chaired by Tipper Gore.[295] The drug-industry-financed NAMI advertised it for "consumers, advocates, researchers, business and medical professionals, to discuss mental health issues that affect over 50 million Americans." In addition to C-Span covering the event live, NAMI hoped that "over a thousand satellite downlink sites across the country" would broadcast it.[296]

During her remarks at the conference, Hillary Clinton said, "This is an historic conference, but it is more than that; it's a real signal to our nation that we must do whatever it takes not only to remove the stigma from mental illness, but to begin treating mental illness as the illness it is on a parity with other illnesses." She then referred to her days at Yale: "When I was a young law student working at the Child Study Center at the Yale University and taking classes at the Med School and working at the Yale New Haven Hospital, and very interested in the intersection of mental illness and the law and in the development of children and other issues that we were only then just beginning to address."[297]

She then introduced Dr. Steven E. Hyman, then the director of the National Institute of Mental Health (NIMH), now a member of the

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294. Marlene Cimons, *Mental Health May Be Part of Reform*, Tipper Gore Says, March 11, 1993, http://articles.latimes.com/1993-03-11/news/mn-1010_1_mental-health, viewed 5/17/2014.

295. Melinda Henneberger, Gores and Clintons, Relaxed and Intent, Turn to Initiatives on Mental Illness, New York Times, June 8, 1999, http://www.nytimes.com/1999/06/08/us/gores-and-clintons-relaxed-and-intent-turn-to-initiatives-on-mental-illness.html, viewed 8/28/2014.

296. White House Conference On Mental Health: "Working For A Healthier America," http://www.nami.org/Template.cfm?Section=eNews_Archive&template=/contentmanagement/contentdisplay.cfm&ContentID=6476, viewed 5/20/2014.

297. Office of the Press Secretary, Remarks by the First Lady (Hillary Clinton) at White House Conference on Mental Health, Blackburn Auditorium, Howard University Washington DC, June 7, 1999, http://clinton4.nara.gov/WH/EOP/First_Lady/html/generalspeeches/1999/19990607.html, viewed 8/28/2014.

IOM governing council, who said, "The World Bank and the World Health Organization have recognized that depression is the leading cause of disability worldwide, including the United States."[298] Yes, he said the World Bank! The World Bank and the NIMH organized the seminar *Mental Health and the Global Development Agenda: What Role for the World Bank* that they held November 24–25, 2003, at the World Bank Headquarters in Washington DC. One of the topics of discussion for that conference was "mental health programming for low and middle-income countries."[299] Hyman, a Yale graduate, has worked to increase the psychiatric classifications in the *DSM*.

Clinton then said, "So how then has these scientific discoveries changed the way that we as a society deal with mental illness? If you as experts and practitioners know that we should treat mental illness as real and as treatable, as a disease of a bodily part, namely the brain, what does that mean for the kind of response that we should be looking to in society?" Hyman responded, "If I can just encapsulate them briefly, it's that these are real illnesses of a real organ—the brain. Just like coronary artery disease is a disease of a real organ—the heart. We can make diagnoses, and these diseases are treatable . . . In addition, we've learned that these diseases should be treated just like general medical disorders."[300]

Following Hyman's remarks, Clinton said, "I'm also very pleased that in July, under your leadership, the NIMH will launch a $7.3 million landmark study to determine the nature of mental illness and treatments. This will be a study that will help us guide strategies and policies for the next century by collecting information on mental illness, including the prevalence and duration of it, as well as the types of treatments that are most commonly used. NIMH will announce the launch of two

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298 Ibid.

299. The World Bank and the National Institute of Mental Health, http://siteresources.worldbank.org/INTPH/Resources/376086-1256847692707/6526326-1287681563483/RachelMentalHealth.pdf, viewed 8/28/2014.

300. Office of the Press Secretary, Remarks by the First Lady (Hillary Clinton) at White House Conference on Mental Health, Blackburn Auditorium, Howard University Washington DC, June 7, 1999, http://clinton4.nara.gov/WH/EOP/First_Lady/html/generalspeeches/1999/19990607.html, viewed 8/28/2014.

new clinical trials, investing a total of $61 million, to build effective treatments for those affected by mental illness."[301]

On July 7, 1999, Hillary Clinton, the only first lady to ever run for a political office, officially announced that she was seeking the US Senate seat for New York. The Clintons then quickly purchased a house in Chappaqua, north of New York City. During her campaign, she endorsed biological psychiatry and the use of psychiatric drugs. I'll bet she collected a lot of financing from the pharmaceutical industry. Her time in the Senate would also make her appear as a legitimate politician, which is akin to saying an honest thief.

Then all heck broke loose in February 2000, when Dr. Julie Magno Zito, associate professor of pharmacy and medicine at the University of Maryland, and a group of researchers published their report in the *Journal of the American Medical Association* about the number of prescriptions for two- to four-year-old toddlers and discovered "an average threefold increase in prescriptions of stimulant drugs, especially Ritalin (methylphenidate) from 1990 to 1995." In a nationwide study of 900,000 children, Zito found that the number of children taking the drugs had tripled between 1987 and 1996. Additionally, prescriptions for antidepressants, like Prozac, had increased.[302]

The FDA has not approved of Ritalin for children under the age of six, and at that time, the FDA had not approved of any antidepressants for children of any age. Evidently, many doctors prescribed these drugs for children "off-label," a terrible practice that endangers the lives of many people. Clinical research demonstrates that stimulants cause severe adverse reactions in young children, more so than in older children. Zito's group also reported that doctors were prescribing clonidine, an antihypertension agent, as a sedative for these small children to counter the stimulant effects of Ritalin, which may cause "fatal heart problems."[303]

The top-five-ranking states in 1999 for methylphenidate and amphetamine use were the following: New Hampshire, Vermont, Michigan, Iowa, and Delaware. The lowest-ranking states for use of

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301. Ibid.

302. Erica Goode, Study Finds Jump in Children Taking Psychiatric Drugs, January 14, 2003, http://www.nytimes.com/2003/01/14/us/study-finds-jump-in-children-taking-psychiatric-drugs.html, viewed 7/11/2014.

303. Ibid.

methylphenidate were California and Hawaii. For amphetamine, the lowest ranking was New York and Hawaii.[304] Gertrude Carter, a psychologist at Bennington College in Vermont, in her practice, noted the increased number of undergraduates visiting her office who had been prescribed stimulants, antidepressants, or other psychiatric drugs. Throughout the 1990s, Carter said the percentage of students on psychoactive drugs rose from 5 percent to 40 percent.

Harvard Medical School psychiatrist Joseph T. Coyle reported that doctors prescribe stimulants, antidepressants, or antipsychotic drugs to 1 to 1.5 percent of all children two to four years old enrolled in these (Medicaid) programs. He said, "These disturbing prescription practices suggest a growing crisis in mental health services to children and demand more thorough investigation." He suggested that officials were especially exposing poor children to an "escalation in drugging." This would include a "disproportionately large numbers of children from minority groups, such as African Americans and Hispanics." He reiterated, "Psychiatric drugs bathe the brains of children with agents that threaten the normal development of the brain."[305]

Reportedly, at least half of all drugs that doctors prescribe are for off-label uses. Medicaid, the largest government program, pays for outpatient drugs. In 1997, Congress appointed DrugDex Information Service, one of three establishments, to determine which off-label uses Medicaid would include. The Thomson Micromedex DrugDex System has been written into the US Code as a reference compendium for drug use review required under Subchapter XIX, "Grants to States for Medical Assistance Programs." Drugdex maintains a directory of drugs/treatments, to which a pharmacy may subscribe for a very hefty annual fee. Medicare is obligated to pay for the drug if Drugdex lists its use.[306]

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304. IMS, Vector One: National (VONA) and Total Patient Tracker (TPT) Database, Statistics on Stimulant Use, http://www.pbs.org/wgbh/pages/frontline/shows/medicating/drugs/stats.html, viewed 8/28/2014.

305. Dr. Peter R. Breggin, The Psychiatric Drugging of Toddlers, Ethical Human Sciences and Services, Vol. 2, No.2, 2000, http://breggin.com/index.php?option=com_docman&task=doc_download&gid=139&Itemid=37, viewed 7/11/2014.

306. Marcia Angell, The Truth About the Drug Companies: How They Deceive Us and What to Do About It, Random House Publishing Group, New York, Kindle, 2004, Locations 2509-2515.

Stimulants cause a rebound of "behavioral symptoms" in many children. After larger or prolonged use, some children experience withdrawal and a "crashing," which produces "extreme fatigue, depression, and even suicidal feelings." Additionally, stimulants may cause "excessive stimulation of the brain, including insomnia and seizures; agitation, irritability, and nervousness; confusion and disorientation; personality changes; apathy, social isolation, sadness, and, very commonly, depression." Even worse, stimulants can cause mania, paranoia, and violent feelings toward others. Researchers have experimented with Ritalin to increase the symptoms in schizophrenics, a very "unethical" practice.[307]

At the White House, on March 20, 2000, Hillary Clinton, in an obvious attempt at damage control as a result of Zito's study, said, "We are not here to bash the use of these medications. They have literally been a godsend for countless adults and young people with behavioral and emotional problems." Also present was Dr. Allan Tasman, APA president who said that medications should not be viewed as a quick fix. Gina Moran, representing Novartis, the manufacturer of Ritalin, acknowledged that the drug had not been approved for use by children under the age of six. Yet, it had been used "safely and effectively" by millions of older children for four decades. Novartis supported the "government's plan for a large-scale study of Ritalin's safety and effectiveness in children under six.[308]

Bill Clinton had appointed Yale- and Harvard-educated Dr. Steven E. Hyman as the director of the NIMH (1996–2001), David Satcher as the Surgeon General and Jane Henney as the FDA commissioner. On May 16, 2000, Hyman stated that the NIMH intended to conduct clinical trials at six academic medical centers around the country on preschoolers, ages three to five, to determine if Ritalin is safe or effective

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307. Peter R. Breggin, David Cohen, Your Drug May Be Your Problem: How and Why to Stop Taking Psychiatric Drugs, Perseus, Cambridge, Massachusetts, 2000, p. 65.

308. Robert Pear, Effort on Mood Drugs for Young Is Backed, The New York Times, March 21, 2000, http://www.nytimes.com/2000/03/21/us/effort-on-mood-drugs-for-young-is-backed.html, viewed 8/28/2014.

in treating preschoolers diagnosed with ADHD.[309] The NIMH gave $6 million to a "consortium of six institutions, led by Dr. Laurence Greenhill of Columbia University, to conduct a five-stage, 40-week study on Ritalin use in preschoolers." This is the first extensive study to be done on this issue. These studies were part of the three-year Preschool ADHD Treatment Study, known as PATS, financed by the National Institute of Mental Health and overseen by the New York State Psychiatric Institute in Manhattan.

Dr. Lawrence Diller, a behavioral pediatrician in California and the author of two books on ADHD, said, "We have an obsession with performance in our country. We have a universal performance enhancer in Ritalin. It helps anyone, child or adult, ADHD or not, to perform better. It was inevitable that there would be this drift down to the 3- to 5-year-old set."[310]

Hillary Clinton encouraged the NIMH to engage in "ethically unconscionable and scientifically unjustified research on the very young." Without her support, the NIMH might have been justifiably reluctant to expose hundreds of two- to four-year-old toddlers to psychiatric drugs, which amounts to child abuse. The government, catering to its corporate colleagues, has no business exploiting toddlers and engaging in psychiatric drug trials, especially in as much as studies have already demonstrated the harm that comes from stimulant and antidepressant use in both young and older children. The NIMH is known to manipulate research data in favor of the drug industry and their collaborators in organized psychiatry.[311]

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309. Steven E. Hyman, M.D. Director National Institute of Mental Health National Institutes of Health, U.S. Department of Health and Human Services, Statement for the Record on Methylphenidate (*Ritalin*) for Children with ADHD Before the House Education and the Workforce Subcommittee on Early Childhood, Youth, and Families, May 16, 2000, http://www.hhs.gov/asl/testify/t000516c.html, viewed 7/11/2014.

310. Sheryl Gay Stolberg, Preschool Meds, The New York Times, November 17, 2002, http://www.nytimes.com/2002/11/17/magazine/17RITALIN.html?src=pm&pagewanted=1, viewed 8/28/2014.

311. Dr. Peter R. Breggin, The Psychiatric Drugging of Toddlers, Ethical Human Sciences and Services, Vol. 2, No.2, 2000, http://breggin.com/index.php?option=com_docman&task=doc_download&gid=139&Itemid=37, viewed 7/11/2014.

Late in 2000, probably as a result of adverse reactions to Ritalin and Dr. Zito's studies, parents in California and New Jersey filed class action suits alleging that Ritalin's manufacturer conspired with the APA to inflate the drug's market. The article in the *Los Angeles Times* stated, "For instance, they depict as conspiratorial common practices like (the) drug company funding of a disease advocacy group. The group, Children and Adults With Attention-Deficit/Hyperactivity Disorder, was indeed an early supporter of Ritalin use in children, but disease advocacy groups frequently receive funds from drug companies and it is perfectly legal, if somewhat troubling."[312] The lawsuits were apparently ineffective.

Dr. Laurence L. Greenhill, a Big Pharma KOL, placed an advertisement in the *New York Daily News*, promising fourteen months of free treatment and a free comprehensive evaluation for overactive preschoolers. Greenhill, who favors drug treatment, was a child psychiatrist at the Psychiatric Institute on Riverside Drive in New York City. He participated in the thirteen-member-panel Consensus Development Conference, November 16–18, 1998, a study of Ritalin in school-age children. Now it was time to look at preschoolers. In 1999, when the clinical trials were approved, the National Institute of Mental Health agreed to finance his preschool study. Then Zito's report temporarily halted the implementation of the clinical trials.[313]

However, as mentioned, in February 2000, the *Journal of the American Medical Association* published Zito's report that focused on stimulant drugs, particularly methylphenidate, among two- to four-year-olds. The study did not shock the doctors who treat ADHD, but it certainly had an impact on the population. Dr. Diller said, "Those of us who have been prescribing medication since the 70s had been watching this huge increase. Zito's piece put it on the front page of every newspaper." Hillary Clinton, campaigning for the Senate in New York then, appearing to seem concerned, demanded to know what the government was doing about it. Within a short time, the Clinton

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312. Detour for Ritalin Issue, The controversy over giving children the hyperactivity drug belongs in the laboratories of science, not the halls of justice, October 27, 2000, http://articles.latimes.com/2000/oct/27/local/me-42741, viewed 8/28/2014.

313 Sheryl Gay Stolberg, Preschool Meds, The New York Times, November 17, 2002, http://www.nytimes.com/2002/11/17/magazine/17RITALIN.html?src=pm&pagewanted=1, viewed 8/28/2014.

administration announced "a major initiative to reduce the use of stimulants among the very young." Dr. Hyman maintained the course and went ahead with the clinical study on the preschoolers. It was, after all, just political expediency to act alarmed and concerned.[314]

In conjunction with the requirements of the FDA Drug Modernization Act of 1997 and to increase their profits by opening their markets to yet another segment of society, the drug companies began testing their noxious inventions on preschoolers in 2002. Politicians reasoned that in as much as physicians prescribed many psychiatric drugs off-label, then why not go ahead and test them and acquire FDA approval. That dastardly legislation was only beneficial to the pharmaceutical industry as it relieved them of taking the responsibility and liability of testing their drugs on children in as much as the government now legally required them to do the testing during which they would stack the odds in their favor concerning the "supposed safety and efficacy of their products." This devious partnership between the government and the drug industry is destructive to the health of hundreds of children in the trials as well as of the increased drugging of toddlers nationwide.[315]

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314. Ibid.

315. Dr. Peter R. Breggin, The Psychiatric Drugging of Toddlers, Ethical Human Sciences and Services, Vol. 2, No.2, 2000, http://breggin.com/index.php?option=com_docman&task=doc_download&gid=139&Itemid=37, viewed 7/11/2014.

Drugs for Tots, Pediatric Psychopharmacology

Trusting media-indoctrinated parents, without any questions or research, allow doctors to inject their infants and toddlers with vaccines that contain live viruses for diseases that have been long eradicated because of better hygiene and nutrition. Additionally, as noted elsewhere in the book, vaccines contain other highly questionable ingredients. Presumably, the same naive parents will accept prescriptions for their babies and toddlers for antipsychotic, antidepressant, or stimulant drugs from their pediatricians or family doctors. Researchers discovered that between 1997 and 2000, there were 7,111 ADR reports regarding infants and children younger than two years of age. Over the 38-month period, 243 reported deaths occurred annually. Forty-one percent of the infant deaths were during the first month of life while 204 deaths occurred during the first year, all attributed to an adverse reaction to a drug.[316]

On September 18–19, 2000, the DHHS, the FDA, the NIMH, and other government agencies held a consensus conference, attended by 300 people that resulted in the publication of the *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*. The various government agencies and the experts determined the need for "continued efforts in preventing and treating child mental illness." The report referred to a related meeting, sponsored by the NIMH and the FDA, on October 2–3, 2000, regarding *Psychopharmacology for Young Children: Clinical Needs and Research Opportunities*. The consensus

316. Shane Ellison, Health Myths Exposed: Learn How to Avoid Deadly Health Myths-Add 10 Years to Your Life, Author House, Bloomington, Indiana, Kindle Edition, 2004, Locations 672-674

of these two meetings became the foundation for a "national action agenda."[317]

The report referred to "a health crisis in this country" and stated that one in ten children in America suffers from severe mental illness. One of the goals resulting from the 2000 conference was goal 2: "Continue to develop, disseminate, and implement scientifically-proven prevention and treatment services in the field of children's mental health." To do that, experts should "support basic research on child development, and the use of knowledge about neurological, cognitive, social, and psychological development to design better screening, assessment, and treatment tools and to develop prevention efforts." Further implementation required, cited in goal 5, is "universal, comprehensive, and continuous health coverage" along with the need for "providers to assess the mental health needs of children, including preventive interventions, screening, and referral." Screening, in primary care and periodically, along with early identification of children within key service systems, seemed to be a major area of concern within the document.[318]

In the chapter titled *FDA Modernization Act of 1997, Legalization of Drug Testing on Children*, I referred to the legislation enacted in 1997 that legalized the experimentation on children. On August 31, 2001, the NIMH, in conjunction with the above-mentioned *Surgeon's Report*, released a *Request for Application* (RFA) document announcing that it was receiving "applications from qualified research institutions for funding Research Units on Pediatric Psychopharmacology and Psychosocial Interventions (RUPP-PI)." The NIMH wanted "to expand the research network of the existing Research Units on Pediatric Psychopharmacology (RUPP), which the NIMH has supported under a 'contract mechanism.'"[319]

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317. Report of the Surgeon General's Conference on Children's Mental Health, A National Action Agenda US Department of Health and Human Services; US Department of Education; US Department of Justice, http://www.ncbi.nlm.nih.gov/books/NBK44233/pdf/TOC.pdf, 5/5/2014.

318. Ibid.

319. Research Units on Pediatric Psychopharmacology and Psychosocial Interventions (RUPP-PI), Release Date: August 31, 2001, National Institute of Mental Health, http://www.grants.nih.gov/grants/guide/rfa-files/RFA-MH-02-002.html, viewed 5/5/2014.

The NIMH initiated a network of RUPP in 1996, via competitive contracts, and then added more units in 1997, then totaling seven academic research settings. Previously, academics had concentrated on short-term efficacy and safety studies of psychotropic medications that doctors had prescribed for children and adolescents with mental disorders. The NIMH, committing about $4,600,000 in FY 2002, would make grants to Research Units on Pediatric Psychopharmacology to "continue and expand" the study of the effects of selective serotonin reuptake inhibitors (SSRIs). The NIMH wanted to "expand the scope of the RUPP research by including multi-site clinical trials on psychosocial treatments in addition to psychopharmacologic interventions, and to "encourage the development of multimodal treatment models as clinically appropriate."[320]

The NIMH maintained that there were gaps in pediatric mental health interventions and "insufficient data on the treatment of youths with bipolar disorders, depression (especially in pre-pubertal children), psychosis, obsessive-compulsive disorder, and with two or more co-existing conditions (ADHD and comorbid mood disorders)." The NIMH wanted to fund research on the effects of medications used for autism, pervasive developmental disorders, and mental retardation, "especially when pharmacological treatment is started in early childhood." The NIMH claimed that "scientifically proven interventions have not been adequately disseminated to the clinics, schools, and other community programs where they can be easily accessed." The NIMH wanted to "identify the barriers to dissemination" and create "a new model of intervention development." The NIMH, using the RFA, intended "to encourage the formation of partnerships between investigators familiar with psychosocial treatments and those with pharmacology expertise."[321]

The NIMH hoped that those who received a grant would collaborate in clinical trials with other psychopharmacological units in the network and the NIMH staff, "using peer-reviewed protocols determined by consensus." Officials wanted researchers to evaluate the therapeutic effects pharmacological interventions that had not been "adequately tested for efficacy, safety, or effectiveness." The NIMH and NIH suggested

320. Ibid.
321. Ibid.

numerous studies, all conducted on children.[322] The researchers were to abide by the *NIH Policy and Guidelines* on the *Inclusion of Children as Participants in Research Involving Human Subjects*, published in the *NIH Guide for Grants and Contracts*, on March 6, 1998.[323]

In August 2009, the executive summary of the National Institute for Health Care Management stated, "One in five children and adolescents in the U.S. experiences mental health problems, and up to one-half of all lifetime cases of mental illness begin by age fourteen. Seventy-five percent of children with diagnosed mental health disorders are now seen in the primary care setting, making the management of mental health issues a growing part of pediatric practices." The Medicaid Early Periodic Screening, Diagnostic, and Treatment (EPSDT) stipulates "that all children be regularly screened and tested to identify any conditions requiring treatment, including physical, mental, emotional and cognitive developmental delays. However, only sixty percent of Medicaid programs reimburse parents for screening and assessment."[324]

Researchers claim that pediatricians should engage in early screening and interventions from infancy onward to understand the connection between a child's cognitive, emotional, and physical development. They claim, yet again, "up to one in five children and adolescents experiences mental health problems requiring some form of mental health intervention" and that "up to one-half of all lifetime cases of mental illness begin by the age of 14 years." Additionally, regarding a traumatic event leading to a posttraumatic stress disorder (PTSD), "If untreated," it "can have a damaging effect on a child's development and functioning."[325] Treatment usually implies pharmaceutical drugs.

Researchers claim, again, that "early intervention and prevention" is effective. They claim that maternal depression may cause behavioral problems, ADHD, conduct disorder, violence, and antisocial behavior

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322. Ibid.

323. NIH Guide for Grants and Contracts, http://grants.nih.gov/grants/guide/notice-files/not98-024.html, viewed 5/5/2014.

324. Strategies to Support the Integration of Mental Health into Pediatric Primary Care, Issue Paper, National Institute for Health Care Management, August 2009, pp. 2–3 http://www.nihcm.org/pdf/PediatricMH-FINAL.pdf, viewed 8/30/2014.

325. Ibid., pp. 5–6, http://www.nihcm.org/pdf/PediatricMH-FINAL.pdf, viewed 8/30/2014.

in children. They suggest that "reliable screening tools for maternal depression as well as home visiting" might be helpful. They add, "Detection of depression in youth is now considered so important that the U.S. Preventive Services Task Force recommends screening of adolescents between the ages of 12 and 18 for major depressive disorder." They also suggest routine surveillance for autism spectrum disorders in early childhood (twelve months to four years), which naturally would take place in the home or child-care setting. The document says, "Systematic surveillance and developmental screening help pediatric practitioners to monitor the overall well-being of their young patients." Further, "One of the most important roles of the pediatrician is to identify medical, developmental, emotional and behavioral problems in children as early as possible and to treat them or link them to specialty care."[326]

The Primary Pediatric Psychopharmacology (PPP) offers training to primary care professionals so that they may become proficient and confident. PPP teaches participants how "correctly identify pediatric behavioural health problems such as childhood depression, ADHD, bipolar disorder, anxiety (including PTSD), oppositional and conduct disorders and psychosis. Additionally, participants will learn how to properly differentiate and distinguish pediatric health problems and effectively manage psychopharmacology, including: 1) Selecting medications for individual patients; 2) Initiating and tapering dosages; 3) Monitoring improvements; and 4) Identifying and minimizing side effects."[327]

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326. Ibid., pp. 9–10, http://www.nihcm.org/pdf/PediatricMH-FINAL.pdf, viewed 8/30/2014.

327. Primary Pediatric Psychopharmacology, http://www.thereachinstitute.org/services/for-healthcare-organizations/staff-training/primary-pediatric-psychopharmacology, viewed 8/30/2014.

The FDA, Corporate Criminality

The FDA, on its website, admits that at least 100,000 people a year die from taking the prescription drugs that only the FDA is authorized to approve for consumer consumption. Those are only the events that are reported as drug-related rather than natural causes. Over two million people suffer an adverse drug reaction (ADR) to FDA-approved drugs. Patients in nursing homes experience 350,000 ADRs a year.[328] This is corporate criminality, but since the government is the culprit, no one is arrested, prosecuted, sued, censured, or fired, which suggests that it may well be organized methodical murder. The government-licensed corporate media habitually conceals the crime. It's the deliberate oops-we-are-sorry methodology, minus any apologies, as heavily invested FDA officials hope that the trusting masses will not notice or attribute it to something else, like the illness, or if something really disastrous occurs, they engage in pervasive damage control.

This is how it worked with one drug. The FDA, after evaluating and accepting the results of manipulated clinical studies and database analysis by Joel Morganroth and Jeffrey Anderson, approved Tambocor in 1987. It was manufactured by 3M Pharmaceuticals as an antiarrhythmic agent used to prevent and treat abnormally fast rhythms of the heart and to prevent cardiac arrest.[329] Within a few years, 50,000 people died of cardiac arrest as a result of taking the drug. Robert Temple, director of the FDA's Office of Drug Evaluations, made the final decision to approve the drug. The drug, Enkaid, manufactured by Bristol-Myers, was another

328. Why Learn about Adverse Drug Reactions (ADR), http://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentResources/DrugInteractionsLabeling/ucm114848.htm, viewed 4/20/2014.

329. Researcher Links Heart Drugs to 2,250 Deaths, The New York Times, July 26, 1989, http://www.nytimes.com/1989/07/26/us/researcher-links-heart-drugs-to-2250-deaths.html, viewed 5/16/2014.

antiarrhythmic agent that CAST evaluated and found that it caused excessive mortality or nonfatal cardiac arrests.[330]

The National Heart, Lung, and Blood Institute conducted a medical study known as the Cardiac Arrhythmia Suppression Trial (CAST), started in June 1987 (yes, after FDA approval), headed by Thomas Bigger, Raymond Woolsey, and George Wyse. Bigger, the CAST chair, and Woolsey had spent years promoting such drugs; and Bigger told 3M that the dosage was the problem. Woolsey and Anderson had written enthusiastic articles about Tambocor long before the drug's approval. Bigger was also a consultant to 3M Pharmaceuticals and Bristol-Myers, which, like other drug companies, began advertising Enkaid before the FDA approved of the drug.[331]

The institute was prepared to announce its negative findings in what turned out to be a poorly attended press conference. Robert Temple and other FDA officials and drug company officials hurriedly concocted a six-page Dear Doctor letter (DDL) marginalizing the CAST results, recommending Tambocor just for patients with "life-threatening ventricular arrhythmias." They put all the technical jargon at the end of the letter, which they finished just before the press conference.[332] The FDA uses DDLs instead of "trying to force regulations on drug companies." They often include "lengthy background information" and that the "company is only acting in an abundance of caution and does not really believe there is much of a problem at all."[333]

Like many drugs, doctors write prescriptions for Tambocor for off-label purposes. Tambocor lost its patent on February 10, 2004. In addition to being marketed as Tambocor, it is now available in a generic version and under the trade names Almarytm, Apocard, Ecrinal, and Flécaine. Yes, of course, it is still on the market. I bet you were thinking that, in as much as 50,000 people had died from its use, the FDA demanded its removal from the market—how naïve of you!

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330. Thomas J. Moore, Deadly Medicine, Why Tens of Thousands of Heart Patients Died in America's Worst Drug Disaster, Simon & Schuster, New York, 1995, pp. 21, 150, 224–225.
331. Ibid., pp. 178–179, 224–225.
332. Ibid.
333. What Is a Dear Doctor Letter? http://www.druginjurylawyer.com/what-dear-doctor-letter.html, viewed 5/20/2014.

In March 1999, an FDA panel recommended the restriction of the diabetes pill Rezulin. Advisors urged the FDA to "withdraw approval of Rezulin as a stand-alone treatment for adult-onset diabetes" while maintaining the drug's use in conjunction with insulin and other drugs. Dr. Jules Hirsch, an FDA advisor said, referring to Rezulin, "This is not to be used ever as a first-line drug for diabetes" because "in five years there will either be hundreds of people who will die of liver disease or thousands." There had already been forty-three reported cases of liver failure. Dr. Robert L. Zerbe, the company's senior vice president of clinical research, said, "The benefits of Rezulin therapy in Type 2 diabetes clearly outweigh the highly publicized risks." Zerbe proposed that Warner-Lambert would modify the label, which would be the fourth label alteration since the drug's introduction in March 1997, after the FDA ignored specific warnings and "fast-tracked" the approval to the drug.[334]

In March 2000, three years after its approval, the FDA pulled Rezulin off the market as it may have caused at least ninety incidents of liver failure and sixty-three deaths, but those are relatively small numbers compared to other drug deaths. By late 1997, the FDA had already received adverse-effect reports about Rezulin, side effects that the FDA's advisory panel dismissed during its deliberations. Four of the twelve people serving on the advisory panel that approved Rezulin had financial ties to the manufacturer, perhaps the same reason that the FDA panel failed to withdraw it for thirty months after the negative reports.[335]

Former FDA deputy commissioner John A. Norris (1985–1988) described medical fraud, or "quackery," as a person who performs any medical procedure, suggestions, or consultation conducted by anyone who is not a licensed medical doctor. The implication is, according to the allopathic mentality, is that anyone who seeks help or information from someone other than an AMA-approved doctor or uses nonmedical

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334. David Willman, FDA Advised to Restrict Rezulin Use for Diabetics, LA Times, March 27, 1999, http://articles.latimes.com/1999/mar/27/news/mn-21447, viewed 4/3/2014.

335. Shannon Brownlee, Doctors without Borders, Why you can't trust medical journals anymore Washington Monthly, April 2004, http://www.washingtonmonthly.com/features/2004/0404.brownlee.html, viewed 5/16/2014.

therapies is a gullible "victim of health fraud."[336] In a 2002 article from the *AMA Journal*, the writer referred to a review of the FDA's drug approval history from 1978 to 1999, during which over ten percent of the approved drugs were later found to have "potentially lethal side effects." The FDA then withdrew those drugs from the market. In their study, researchers discovered that 20 percent of the most recent FDS-approved drugs were unsafe. They concluded that one in five FDA-approved drugs is lethal.[337]

The problem is that there are serious "conflicts of interest within the FDA." Drug approval should be by an unbiased advisory committee that reviews the results of the clinical trials of the drug and then casts a vote on its approval. Yet, 55 percent of the 159 advisory committee meetings occurring from January 1, 1998, to June 30, 2000, disclosed that approximately half of the decision makers had a "financial conflict of interest." There was at least one participant with a "conflict of interest" in 92 percent of the meetings. Many of the committee members who were supposed to protect the public interest and review drugs for approval held stock in the manufacturer's company. Rather than exhibiting consumer concern, some committee members thought of their own investments and future employment opportunities following their service at the FDA.[338]

The FDA, without any research, approved of hormone-replacement drugs that exposed millions of people, about 38 percent of postmenopausal women, to a drug that may cause heart disease, stroke, and cancer and fail to prevent bone loss as promised in the advertisements. The drug company was criminally negligent, and FDA was no better. The FDA was quick to send enforcement agencies to physically challenge the activities of people who offer others good, safe alternative methods to attain health. In 2004, authorities, probably prompted by the FDA, accused Dr. Jim Shortt, who practices alternative medicine in South Carolina of killing a woman who was suffering from multiple sclerosis. Armed with assault weapons, local and state invaded Dr. Shortt's clinic as if he were a monstrous criminal and confiscated personal property. Dr. Shortt had used an age-old hydrogen peroxide IV

336. Ibid., Locations 732–736.
337. Ibid., Locations 521-534.
338. Ibid., Locations 521-534.

therapy on the patient he is accused of killing. No one, in the 100 years that this therapy has been used, ever perished from it.[339]

Then there is the example of Gardasil. On May 18, 2006, Merck announced that the FDA's Vaccines and Related Biological Products Advisory Committee collectively agreed that the data from phase II and phase III clinical trials proved the effectiveness and safety of Gardasil for human papillomavirus (types 6, 11, 16, 18) for the prevention of cervical cancer and for the prevention of cervical, vulvar, and vaginal pre-cancers caused by human papillomavirus (HPV) types 16 and 18 in females. Merck submitted Gardasil to the Biologics License Application (BLA) in December 2005.[340]

On June 6, 2006, the BLA approved Gardasil that was created by researchers at the National Cancer Institute at the NIH, a government agency, which now earns royalties with each and every Gardasil vaccine injection. Thus, the government mandates a product from whose sale it financially benefits. The FDA approved Gardasil on June 8 for females from nine to twenty-six years of age after supervising the clinical tests, then the agency licensed Merck's marketing of Gardasil. On June 29, the Advisory Committee on Immunization Practices (ACIP) met and approved Gardasil twenty-three days after the FDA approved of it. It was a unanimous vote; two of the fifteen members abstained due to their financial ties to Merck. Government agencies, in an unethical public-private partnership with Merck, shared in the huge profits; the NIH financially rewarded its in-house creators. Following the vote, vaccine enthusiasts applauded; members were glad-handing and celebrating their victory, as reported by numerous vaccine safety advocates who had attended because of their concerns about the flu vaccines and thought that the celebratory reaction was "inappropriate."[341] About 50 percent

339. Ibid., Locations 596-608.

340 FDA Advisory Committee Votes Unanimously That Clinical Data Support the Efficacy and Safety of Gardasil, http://www.drugs.com/nda/gardasil_060518.html, viewed 7/21/2014.

341 Louise Kuo Habakus, Mary Holland, Kim Mack Rosenberg (editors), *Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children*, Skyhorse Publishing, New York, Kindle, 2011, Locations 3746–3759.

of those who sit on the FDA drug approval advisory panels FDA have financial connections to pharmaceutical companies.[342]

Merck, using the scare tactics so common with the advent of all vaccines, began a television and Internet merchandizing campaign for Gardasil and created its consumer base, even before the FDA approved it. Instead of marketing Gardasil among populations in geographic areas that had an excessive cervical cancer mortality rate, Merck marketed to the general population. With its deep-pocketed lobbyists, the drug company influenced state and federal lawmakers whom Merck hoped would make Gardasil compulsory for schoolchildren and even preschoolers. While cancer is prevalent, cervical cancer is not among the top ten cancers in the United States.[343] The federal government mandated Gardasil for the poor of the nation, girls up to the age of eighteen, all at the taxpayer's expense, which amounts to over $1 billion. Hundreds of KOL doctors promoted Gardasil for $4,500 per lecture.[344]

While the CDC recommends a vaccine schedule, the states actually create mandatory vaccine and drug policies. Merck, with the support of nine different organizations, planned an aggressive rollout for Gardasil. Merck's political collaborators moved even quicker than the ACIP. In February 2007, Governor Rick Perry bypassed the legislature and mandated Gardasil for all eleven- and twelve-year-old girls in Texas. Merck revenues from Gardasil in the second quarter of 2006 began to climb: $70 million in the third quarter and $155 million in the fourth quarter. The year 2007 was a blockbuster during which Gardasil recorded revenues of $ 1.5 billion. [345] Perry's mandate for the HPV vaccination to prevent cervical cancer for every sixth-grade girl in Texas would have increased Merck's coffers by millions of dollars. Merck, the manufacturer

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342. Fred A. Baughman Jr. with Craig Hovey, The ADHD Fraud, How Psychiatry Makes "Patients" of Normal Children, Trafford Publishing, Victoria, British Columbia, 2006, pp. 165-171

343. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 131–132.

344. Elisabeth Rosenthal, The Evidence Gap, Drug Makers' Push Leads to Cancer Vaccines' Rise, The New York Times, August 19, 2008, http://www.nytimes.com/2008/08/20/health/policy/20vaccine.html?_r=0, viewed 7/21/2014

345. Louise Kuo Habakus, Mary Holland, Kim Mack Rosenberg (editors), *Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children*, Skyhorse Publishing, New York, Kindle, 2011, Locations 3746–3759.

of the said vaccine, had contributed a huge amount of money to Perry's political campaign. At that time, the governor's chief of staff was a senior Merck employee.[346] In April 2007, the Texas legislature wisely repealed Perry's mandate.

Just in the first two years after Gardasil was approved, according to Judicial Watch, it was responsible for about 10,326 reports adverse events and accounted for about 20 percent of reactions reported to VAERS in 2007–2008 according to Barbara Loe Fisher, cofounder and president of the National Vaccine Information Center.[347] There were at least ten spontaneous abortions and six cases of Guillain-Barré syndrome (GBS). The FDA and Merck claimed that these events were merely a "coincidence" and dismissed the VAERS reports as irrelevant regarding a causal link, despite whatever connection that those who reported the events might have thought. The FDA and Merck, instead of seriously accepting the reports, declared that there was "no proof." There have been numerous cases of genital and other warts following an HPV vaccination. Frequently, vaccines cause the very malady that they are supposed to prevent.[348]

By June 30, 2008, the VAERS showed 8,864 cases of adverse effects experienced by people after receiving the Gardasil vaccine. VAERS reports indicate that at least eighteen people have died after receiving Gardasil.[349] On September 12, 2008, the FDA approved of Gardasil for the "prevention of vaginal and vulvar cancer caused by Human Papillomavirus (HPV) types 16 and 18 in girls and women ages nine to twenty-six, as recommended by Jesse L. Goodman, director of the FDA's Center for Biologics Evaluation and Research (CBER). HPV refers to over 100 viruses and over thirty types that may be transmitted by sexual contact. The CDC states that HPV is the most common sexually

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346 Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 131-132, 67–69.

347 Gardasil: More Adverse Reactions and Scandals, February 4, 2009, http://whale.to/vaccine/gardasil1.html, viewed 9/1/2014.

348. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 129–131.

349. A Judicial Watch Special Report, Examining the FDA's HPV Vaccine Records, Detailing the Approval Process, Side-Effects, Safety Concerns and Marketing Practices of a Large-Scale Public Health Experiment, June 30, 2008, www.JudicialWatch.org.

transmitted infection in the United States and that 6.2 million Americans are infected with genital HPV every year."[350]

In July 2009, VAERS issued a report admitting that Gardasil, which was only tested on adult women and not against a true placebo, was more likely to produce 400 times more adverse reactions in the same age group than an anti-meningitis vaccine. By September 1, 2009, Merck had distributed twenty-six million doses nationwide. By then, according to the CDC, people had reported 15,000 adverse events to VAERS. Yet, on October 16, 2009, the FDA approved of Gardasil for males from nine through twenty-six years of age for the prevention of genital warts caused by the HPV.[351] In January 2010, just before the adverse events had grown to 18,000, Merck announced that it had appointed Dr. Julie Gerberding, the CDC director (2002–2009), when Gardasil was approved, as president of Merck Vaccines.[352] As of May 31, 2010, Merck had distributed over sixty-five million doses worldwide.[353]

By September 28, 2010, VAERS has received over 18,000 Gardasil-related adverse events, in addition to sixty-five reported deaths. Less than 10 percent of the people actually report adverse reactions so the number could be substantially higher.[354] The FDA said there was "no evidence of association between Gardasil and reported deaths."[355] HPV is typically a sexually transmitted infection, and cervical cancer is an "obscure

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350. FDA Approves Gardasil for Prevention of Vulvar and Vaginal Cancer, http://www.drugs.com/newdrugs/fda-approves-expanded-uses-gardasil-include-preventing-certain-vulvar-vaginal-cancers-1117.html, viewed 7/21/2014

351. FDA Approves Gardasil for Use in Boys and Young Men, http://www.drugs.com/newdrugs/fda-approves-gardasil-boys-young-men-1691.html, viewed 7/21/2014.

352. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 129–131.

353. FDA Approves Gardasil to Prevent Anal Cancer, http://www.drugs.com/newdrugs/fda-gardasil-approved-prevent-anal-cancer-2472.html, viewed 7/21/2014.

354. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 68–69.

355. Gardasil PAC Review Time Frame, and US Dose Distribution: Oct 16, 2009-Dec 22, 2011http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/PediatricAdvisoryCommittee/UCM302993.pdf, viewed 7/21/2014.

killer confined mostly to poor nations."[356] On October 25, 2011, the ACIP recommended routine use in eleven- to twelve-year-old adolescent males.[357]

By November 17, 2010, there were 20,978 reports of adverse reactions to the HPV vaccine and eighty-nine deaths. The FDA, as of 2010, had not issued an opinion on these statistics. The DHHS conceded that there was an HPV vaccine injury-related case on October 5, 2010.[358] There were deaths even during the clinical trials. A very small percentage of people, perhaps 1 percent, actually report adverse reactions. On December 22, despite the adverse events, the FDA approved of Gardasil to prevent anal cancer after conducting a randomized, controlled trial of men who self-identified as having sex with men.[359]

The three doses of Gardasil cost patients $360 (list price), which translates into millions for Merck, a virtual windfall. The total cost is usually $400 to $1,000 if one visits a doctor's office. The nonprofit organization, Judicial Watch, reported that Gardasil generated about 9,000 "adverse events," including eighteen deaths, in the first two years after its approval. After January 2008, people reported 140 serious events, twenty-seven of which were "life-threatening." There were ten spontaneous abortions and six cases of GBS. People reported an additional thirty-two cases of GBS to the FDA since June 2006. GBS, an autoimmune syndrome, often results in paralysis and death.[360]

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356 Elisabeth Rosenthal, The Evidence Gap, Drug Makers' Push Leads to Cancer Vaccines' Rise, The New York Times, August 19, 2008, http://www.nytimes.com/2008/08/20/health/policy/20vaccine.html?_r=0, viewed 7/21/2014.

357 Gardasil PAC Review Time Frame, and US Dose Distribution: Oct 16, 2009–Dec 22, 2011http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/PediatricAdvisoryCommittee/UCM302993.pdf, viewed 7/21/2014.

358 Louise Kuo Habakus, Mary Holland, Kim Mack Rosenberg (editors), *Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children*, Skyhorse Publishing, New York, Kindle, 2011, Locations 2686–2688.

359 FDA Approves Gardasil to Prevent Anal Cancer, http://www.drugs.com/newdrugs/fda-gardasil-approved-prevent-anal-cancer-2472.html, viewed 7/21/2014.

360 Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 129–133.

On July 30, 2014, Meredith Prohaska, a twelve-year-old girl residing in Waukesha, Wisconsin, died within hours of receiving the HPV vaccine.[361] By June 14, 2014, people had reported at least 171 deaths to VAERS following HPV vaccinations (Gardasil or Cervarix).[362]

Merck states in its documentation that Gardasil does not protect people from some "non-vaccine" HPV types and that the vaccine only lasts for five years and according to the CDC protects against four of about forty types of HPV. Mothers are taking a big risk in exposing their daughters to the HPV vaccine, but most just follow their doctor's advice without investigating the potential dangers. Even with the vaccine, one can still get HPV.[363]

On February 16, 2011, the DHHS, via its National Vaccine Program Office (NVPO), unveiled the 2010 National Vaccine Plan, the nation's ten-year strategy to ensure that all Americans can access the preventive benefits of vaccines.[364] Vaccines, filled with noxious ingredients, introduce disease rather than prevent it and have a long history.

When the FDA approves a vaccine as safe and effective, the ACIP adds it to the recommended vaccination schedule. Thereafter, state health departments mandate vaccines for day care and public school admission. Twenty drug makers use their power and money to influence state officials. The states also receive federal funding, which comes with obligations.[365]

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361. Gardasil Vaccine: One More Girl Dead, Health Impact News Daily, August 28, 2014, http://healthimpactnews.com/2014/gardasil-vaccine-one-more-girl-dead/, viewed 8/29/2014.

362. Back-to-School Vaccines: Know the Risks and Failures, August 26, 2014, http://articles.mercola.com/sites/articles/archive/2014/08/26/back-to-school-vaccines.aspx?e_cid=20140826Z1_DNL_art_1&utm_source=dnl&utm_medium=email&utm_content=art1&utm_campaign=20140826Z1&et_cid=DM56095&et_rid=635449536, viewed 8/29/2014.

363. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 131–132, 67–69.

364. National Vaccine Program Office (NVPO), U.S. Department of Health and Human Services, http://www.hhs.gov/nvpo; viewed 4/14/2014.

365. Louise Kuo Habakus, Mary Holland, Kim Mack Rosenberg (editors), *Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children*, Skyhorse Publishing, New York, Kindle, 2011, Locations 3191–3195.

Currently, New York City officials require 150,000 children from six months to five years who attend day care or preschool to receive the flu vaccine, which still contains thimerosal. Day care operators will face fines for noncompliance. The New York City Board of Health will begin issuing violations on January 1, 2016. The CDC admits that the flu vaccine contains thimerosal, aluminum, antibiotics, egg protein, aborted human fetal cells, and MSG. From January 2009 to February 2014, there were 55, 578 adverse events reported to VAERS due to the flu vaccine. Of those events, 7,904 were children under the age of six. Forty-seven children under five perished after receiving the flu vaccine. The city already requires all children to receive the MMR, pertussis, chickenpox, and tetanus vaccines.[366] The reports are significant due to the fact that most people, including doctors, are unaware of VAERS, which is cosponsored by the CDC and the FDA, almost like the foxes guarding the henhouse.

Ronald Kavanagh, who evaluated drugs for the CDER at the FDA from 1998 to 2008, confirmed what many people already suspected—the FDA regularly ignored safety, jeopardized the nation's well-being, and actually instructed those who reviewed drugs to approve the drugs and not question the drug companies or present negative findings in advisory committees. The FDA institutionalized policies in 2007 that prohibited its employees from saying anything damaging about the agency, at the risk of losing his or her job. If the reviewers failed to approve a drug, they received a reprimand and a reassignment. Kavanagh said that human clinical studies were brief and did not contain an adequate number of participants. He said that often a reviewer did not even review a product before the FDA approved a drug. This failure potentially allowed "many ineffective and/or dangerous drugs and medical devices" to be marketed. They conduct many clinical trials in Europe yet the FDA reviewers are not allowed to analyze the data from those trials before trials are conducted in the United States.[367]

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366. Missy Fluegge, The Scary Truth about the New York Flu Vaccine Mandate, Natural Blaze, April 21, 2014, http://www.naturalblaze.com/2014/04/the-scary-truth-about-new-york-city-flu.html, viewed 4/28/2014.

367. Dr. Joseph Mercola, Shocking Story Reveals How the FDA Is Recklessly Abandoning Drug Safety, August 13, 2012, http://articles.mercola.com/sites/articles/archive/2012/08/13/, viewed 7/15/2014.

Kavanagh said that pharmaceutical companies would submit small portions from various parts of the clinical trials that prevented the reviewer from gaining a full understanding of all the data. Sometimes the drug company would just submit a brief summary instead of all detailed information, especially the safety statistics; obviously the FDA supervisors knew about this in advance. They often burdened the reviewers with so much material that they would not possibly have sufficient time to complete a full review before the deadline. Sometimes the reviewer would simply approve the item. The FDA inflicts "unnecessary risks" on the nation's children through its failure to adequately evaluate pediatric drugs. Drug companies base their recommendation for dosage on approved adult dosages without considering age or actual weight. Nor do the drug companies take into account a developing fetus and medications for pregnant women. The FDA inexcusably gives rubber-stamp approval to the majority of the drugs submitted by profit-seeking pharmaceutical companies.[368]

The FDA typically denies predictable risks until "there is irrefutable evidence," then they belatedly include an understated warning in small letters on the label. When a patient shows signs of drug toxicity, health care workers often attribute it to the age or condition of the patient, the patient's malady, or to an underlying condition and then offer a prescription for another drug to alleviate the negative effects of the first drug. Alternatively, they simply dismiss the complaint as "unrelated to the drug in any way." Essentially, they attribute the toxicities to a drug only—when the evidence is irrefutable—if the patient experiences anaphylaxis within minutes after the ingestion or the injection of a drug.[369]

Kavanagh told a reporter that FDA officials, in addition to retaliating against other whistleblowers, intimidated him to the point that he feared for his life and the lives of his children, aged four and seven. This was after FDA officials learned that he had alerted Congress about some irregularities. He suspected that FDA officials had tampered with his office computer. He gave a staff member at Representative Waxman's office a USB drive with incriminating evidence. He was reprimanded and told that he was not allowed to "download information to USB drives."

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368. Ibid.
369. Ibid.

When Kavanagh reported indiscretions regarding an antipsychotic drug review and FDA financial involvement with special interests to Senator Charles E. Grassley's office and the House Committee on Oversight and Government Reform, FDA officials, who referred to him as a "saboteur," threatened him with incarceration if he divulged "trade secret information to Congress." Kavanagh understands that FDA employees may legally discuss "trade secrets" with members of Congress, as allowed by the Food Drug and Cosmetics Act. The FDA exploits employees who are unacquainted with this stipulation with the "threat of jail for violation of the Trade Secrets Act." The FDA intimidated Senator Grassley's staff to destroy the evidence that Kavanagh gave them.[370]

The FDA's obvious priorities counter its initial mission, that of protecting the public. There have been hundreds and even thousands of complaints about dangerous drugs, vaccines, and additives (such as aspartame), yet the FDA continues to approve and then protect the manufacturers of these products. Meanwhile, "SWAT-style teams armed to the teeth" invade the private premises of vitamin and supplement producers, whole food businesses, organic farmers, and dairy farmers who have not harmed a soul or generated any criticism. The FDA is supposed to protect and regulate our food supply and shield us from harmful drugs, vaccines, and medical devices. The FDA controls about $1 trillion worth of "consumer products" or what amounts to twenty-five cents of every consumer dollar spent in this nation annually. In as much as the FDA is intellectually, scientifically, and financially compromised, we are in an incredibly precarious and vulnerable situation.[371] Unlike European countries, once the FDA approves of a drug, it does not have the post-marketing surveillance mechanism in place to withdraw that drug, other than the MedWatch system, of which many people are unaware.

370. Ibid.
371. Ibid.

The Sub-standard of Care

According to *Webster's Medical Dictionary*, there are two definitions for "standard of care": (1) a diagnostic and treatment process that a clinician should follow for a certain type of patient, illness, or clinical circumstance; (2) in legal terms, the level at which the average prudent provider in a given community would practice. It is how similarly qualified practitioners would have managed the patient's care under the same or similar circumstances. The medical malpractice plaintiff must establish the appropriate standard of care and demonstrate that it has been breached.[372] Georgia state law first mentioned a standard in 1863.[373]

A medication algorithm is a comprehensive step-by-step flowchart that physicians access to select the drugs to prescribe according to a patient's symptoms. This chart obligates all licensed doctors, including psychiatrists, to abide by a specific standard of care.[374] Regarding psych drugs, physicians, without performing any kind of biological test, may refer to the popularized *DSM* to select one or more diagnoses, according to the patient's request or "feelings," often after viewing a drug industry commercial. Then the doctor selects a psychiatric medication to prescribe. As the inevitable side effects appear, the doctor may prescribe additional drugs to assuage them. Side effects are not really "side" effects but are really the drug's effects. Yet, pharmacists and the industry refer to "side" effects as if they are happenstance and uncommon.

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372. Definition of Standard of Care, http://www.medterms.com/script/main/art.asp?articlekey=33263, viewed 5/18/2014.

373. C. Jerry Willis, JD, Establishing standards of care: Locality rules or national standards, http://www.aaos.org/news/aaosnow/feb09/managing9.asp, viewed 9/1/2014.

374. Kelly Patricia O'Meara *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill*, AuthorHouse, Bloomington, Indiana, Kindle, 2006, Locations 2866–2868.

Before the release of a new drug, companies spend millions of dollars conducting clinical trials to detect potential side effects. Drug company executives are fully cognizant of the dangerous side effects of their profit-producing drugs but release them anyway. They evidently believe that the risk of potential numerous lawsuits are worth the billions of dollars of profit. In just one example, tens of thousands of people developed cardiovascular disease from one company's product, a COX-2 inhibiting drug, which, according to the FDA, killed 55,000 people.[375] Alternatively, the number was 139,000 according to another source. No one at the FDA or at the drug company was arrested for murder.

Dr. Mark Sircus says that higher officials at the FDA and CDC do not produce "trustworthy information" because both agencies are "front organizations for the organized selling of poisons or what are otherwise called pharmaceuticals...which must be taken in low dosages to avoid the harmful side effects. It's the poisonous nature of pharmaceuticals that create the side effects." [376]

Warfarin, which is tasteless and colorless, was initially used as a rat poison. It blocks their capacity to form blood clots, causing them to bleed to death. After 1951, drug firms marketed warfarin as a therapeutic anticoagulant under the names Coumadin, Jantoven, Marevan, and Uniwarfin. The distinguishing difference between a poison and a medication is the dosage. At the precise dose, it can prevent blood clots from forming, which is important following surgery, a heart attack, or other cardiac events. If a clot lodged in the brain, it could cause a stroke. Clots may also form in the lungs or the lower extremities. Health care personnel must carefully monitor a patient by blood testing to measure the blood-clotting time to ensure that the dosage is high enough to prevent clots but not so high as cause uncontrollable bleeding resulting in death, just one of the annoying side effects of that drug as well as many others.[377]

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375. Andrew G. Robbins, *Licensed to Kill: The Growing Epidemics of Iatrogenic Disease and Bureaucratic Madness*, Author House, Bloomington, Indiana, Kindle, 2006, Locations 610–615.

376. Mark Sircus, Iodine - Bringing Back the Universal Medicine, International Medical Veritas Association, Kindle Edition, 2011, Locations 918-921

377. Thomas J. Moore, Deadly Medicine, Why Tens of Thousands of Heart Patients Died in America's Worst Drug Disaster, Simon & Schuster, New York, 1995, pp. 104–105.

Dr. Jennifer Daniels confirms that what we typically think of as side effects (those effects that happen to others but surely not us) are not just "side" effects but the calculated "effects" of the drug, only a few of which are cited on the package inserts. Potential effects do not impact everyone in the same way. Some "side effects" linger in the body for years, such as the polio vaccine. Most of the people who developed polio had received the polio vaccine. Vaccines bypass the natural filtering safeguards such as the nose, tonsils, appendix, lungs, stomach, and skin. Doctors inject vaccines directly into the body to be picked up by the capillaries, which then goes straight into the bloodstream.

Dr. Daniels explains, in her book *The Lethal Dose, Murder by Medicine Is No Accident* that the lethal dose is pertinent to all individuals who prescribe pharmaceutical drugs to patients. Medical schools call the lethal or median dose, LD_{50}, which means that 50 percent of a test population who take that particular dose will die as a result.[378] LCt_{50} (lethal concentration and time) of a toxin, radiation, or pathogen is the dose required to kill half the members of a test population after a specified test duration.[379] If you are skeptical about the lethal dose and believe that the FDA would never approve a harmful substance, then count the potential adverse reactions enumerated on the dozens of pharmaceutical commercials shown during just one TV program. Those reactions are just the tip of the iceberg. Further, people, including doctors, rarely read the package inserts, which are usually printed in a very small 7-point font on flimsy paper.

Drug manufacturers anticipate that people, including busy doctors, will not read package inserts. Patients trust their doctor's medical discernment and assume that the FDA has accredited a drug's efficacy and safety. Clinical research shows that St John's wart is more effective than SSRI medicines minus the harmful effects. Sidney Taurel, president of Eli Lilly, admitted before a live audience in Florida that medicines have absolutely no effect on 50 percent of the users. "In fact," he said, "the average across all drugs is about fifty percent efficacy. And for the fifty percent of the patients who essentially get little or no benefit, whatever

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378. Jennifer Daniels, The Lethal Dose, Murder By Medicine is No Accident, Everyday Vitality, Kindle, 2013, Locations 62–63.

379. What is a LD50 and LC50?, http://www.ccohs.ca/oshanswers/chemicals/ld50.html, viewed 5/23/2014.

they spend is wasted money." The SSRIs, like Prozac, are virtually useless, expensive, and extremely dangerous and create symptoms of the "disorder" that the patient was diagnosed with. It is Russian roulette for the patient and billions of dollars for the drug industry.[380]

All biological psychiatric treatments (psych drugs) disrupt the brain's performance. Hopeful people frequently misinterpret whatever effects they perceive as progression. In what Dr. Peter R. Breggin calls medication spellbinding, individuals are incapable of recognizing their "drug-induced impairment" and to not "attribute" negative reactions to the drugs. Once a person is diagnosed and medicated, even relatives seem incapable of distinguishing bad, often lethal drug reactions from "disease" symptoms. When the patient thinks he or she is improving, he or she might actually be getting worse and developing other symptoms, "and in the extreme, drives them into compulsive activities that harm themselves and others."[381]

Dr. Breggin suggests the following:

1. Pharmacologists refer to the "drug's therapeutic index, the dosage ratio between the beneficial effect and the toxic effect. The first brain-disabling principle of psychiatric treatment reveals that the toxic dose is the therapeutic dose—that brain disability causes the seemingly therapeutic effect . . . that as soon as toxicity is reached, the drug begins to have a psychoactive effect . . . without toxicity, the drug would have no psychoactive effect." He states, "All of the major categories of psychiatric drugs are neurotoxic. They poison neurons, and sometimes destroy them."
2. "All biopsychiatric interventions cause generalized brain dysfunction." This might produce "emotional dullness, lethargy, or fatigue (and) is likely to impair cognitive functions such as attention, concentration, alertness, self-concern or self-awareness, and social sensitivity."

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380. John Virapen, Side Effects: Death - Confessions of a Pharma-Insider, Virtualbookworm.com Publishing, College Station, Texas, Kindle, 2010, pp. 120–121.

381. Peter R. Breggin, *Brain Disabling Treatments in Psychiatry: Drugs, Electroshock, and the Psychopharmaceutical Complex*, Springer Publishing, New York, Kindle, 2007, pp. 1–4.

3. "Biopsychiatric treatments exert their therapeutic effect by impairing higher human functions, including emotional responsiveness, social sensitivity, self-awareness or self-insight, autonomy, and self-determination. More drastic effects include apathy, euphoria and mania, and lobotomy-like indifference." This occurs primarily in the "frontal lobe, limbic system, and other structures." Breggin said that "these effects occur with the SSRI antidepressants, such as Prozac, Zoloft, and Paxil; the stimulants, such as Ritalin, Concerta, and Adderall; and the newer antipsychotics, such as Risperdal and Zyprexa."[382]

Adverse drug reactions are the nation's leading cause of death. Between 1975 and 1999, the FDA approved 548 new drugs. During that period, there have been numerous drug label changes, which also appeared in the Physician's Desk Reference. Twenty percent of those 548 drugs required "subsequent black box warnings" due to "life threatening drug reactions." Officials admitted that people reported at least half of those adverse effects within two years while others took longer. Manufacturers withdrew sixteen drugs from the market because they were too lethal.[383] Often people report adverse reactions, but FDA officials fail to make any recommendation to the companies involved and the drug firms neglect to either warn the public or withdraw the drug from the market.[384]

Dr. Breggin states that the "chronic use of any psychiatric drug . . . will produce a degree of deactivation. Spontaneity . . . the highest expression of human activity . . . requires a fully functioning brain." Brain injury to the frontal lobes and limbic system impairs spontaneous behavior. A loss or deactivation of spontaneity "is often the first sign of any physical impairment or illness, from head injury and chronic fatigue to flulike illnesses, hormonal disorders, and brain tumors." It is also "one of the earliest and most essential effects of any psychoactive drug."[385]

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382. Ibid., pp. 1–4.

383. Allen Jones, Internet by the Law Project for Psychiatric Rights, January 20, 2004, pp. 38, http://psychrights.org, viewed 4/19/2014.

384. Ibid.

385. Peter R. Breggin, *Brain Disabling Treatments in Psychiatry: Drugs, Electroshock, and the Psychopharmaceutical Complex*, Springer Publishing, New York, Kindle, 2007, pp. 1–4.

Other drug-induced reactions, in the deactivation category, include diminished initiative, indifference, apathy, spontaneous activity, social interactions, loss of interest, psychomotor retardation, depression, drowsiness, emotional dulling or blunting. If a patient prefers or is seeking "diminished brain function," then biopsychiatric treatments are effective. Of course, this necessitates a fully informed physician and informed consent by the patient so that he or she is fully aware of how the medication will function. "If the drugged individual reports feeling more effective and powerful, it is most likely based on an unrealistic appraisal, impaired judgment, or euphoria associated with medication spellbinding. When patients on so-called maintenance doses do not experience noticeable effects, either the dose is too low to have a clinical effect, or the patient is unable to perceive the drug's impact, again characteristic of medication spellbinding." Dr. Breggin says that each biopsychiatric treatment has a "brain-disabling effect on all people, including normal volunteers and patients with varied psychiatric diagnoses."[386]

Dr. Breggin wrote, "In reality, no specific improvements have occurred in the underlying depression, psychosis, or anxiety. Instead, the brain has been partially disabled, artificially changing the individual's mood and rendering the patients less able to feel, to perceive, or to express their underlying mental condition or outlook. Psychoactive drugs, including psychiatric medications, not only impair the individual's ability to perceive their adverse effects but also impair the individual's ability to perceive his or her emotional problems. Under the influence of psychiatric drugs, the individual lacks awareness of both drug-induced mental dysfunction and his or her psychological problems. This dual impact is one of the main reasons why people persist in taking psychoactive agents, including prescription psychiatric drugs."[387]

The only way that people's brains become biochemically imbalanced is if that person ingests psychiatric drugs or receives electroshock. Dr. Breggin says, "Psychiatric drugs don't correct biochemical imbalances —they cause them." *The Textbook of Psychiatry*, published by the APA, concedes that "antidepressant-induced biochemical imbalances may be

386. Ibid., pp. 1–4.

387. Peter R. Breggin MD, *Medication Madness: A Psychiatrist Exposes the Dangers of Mood-Altering Medications*, St. Martin's Press, New York, Kindle, 2008, pp. 27–28.

the cause of the increased suicidality produced by these drugs." The drug industry develops psychiatric drugs for the exclusive purpose of causing biochemical imbalances in the normal brain.[388]

Scientists conducting a non-industry-funded study at the Max Planck Institute in Leipzig, Germany, recently made an interesting discovery in working with test subjects who had not been diagnosed as depressed and who had not been taking an SSRI. The scientists, including neuroscientist and psychiatrist, Dr. Julia Sacher, used a magnetic resonance imaging machine and discovered that when they made more serotonin available, the "functional connectivity" decreased in the area associated with mood regulation—all in just three hours following a single dose of an SSRI. It changed the composition of the brain in just three hours. Most patients taking an SSRI do not experience any discernible changes for a couple of weeks. The scientists noted that the functional connectivity of the more primitive cerebellum, the little brain, and thalamus increased. The cerebellum controls functions such as motor control and coordination but might also alter the way that the thalamus "relays signals to the cortex."[389]

By following the standard of care, with its code of silence, and by observing the directives for drug dissemination, doctors may conceivably do a great deal of harm and may even kill his or her patients, but as long as they adhere to the Standard of Care, they are not usually liable for criminal prosecution. The FDA, after numerous complaints about a drug, asks that the offending company conduct a "special mailing," a Dear Doctor letter (DDL), to inform practitioners of the precautions they should take.[390] The FDA and the drug companies use DDLs to warn physicians about drug safety concerns but does not typically convey the most crucial information but often causes "more problems and confusion." The FDA uses the letters instead of "trying to force regulations on drug companies." The letter often includes "lengthy background information on the company and the drug that explain that

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388. Ibid., pp. 269–270.

389. Geoffrey Mohan, A single Dose of SSRI Antidepressant can Alter Brain Architecture in Hours, LA Times, September 22, 2014, http://www.sott.net/article/286110-A-single-dose-of-SSRI-antidepressant-can-alter-brain-architecture-in-hours, viewed 9/30/2014.

390. Jennifer Daniels, The Lethal Dose, Murder By Medicine is No Accident, Everyday Vitality, Kindle, 2013, Locations 93–98.

the company is only acting in an abundance of caution and does not really believe there is much of a problem at all."[391]

The drug companies, collaborating with the FDA, along with the hospitals and insurance companies are the main architects of the Standard of Care. Doctors acquire these "instructions" by mail, through continuing education conferences and textbooks. If a doctor fails to abide by the Standard of Care, he may lose hospital privileges. A doctor who ignores the Standard of Care is subject to a malpractice suit. If he "fails to prescribe the lethal dose," he may be prosecuted for not adhering to that standard.[392]

If a doctor fails to comply with the Standard of Care, insurance companies will not pay him for his services, and the board may revoke his license. Even if a drug is dangerous and largely ineffective, a doctor is obliged to prescribe it once the FDA has approved it. The drug makers establish the dosage for each "disease," and the insurance companies and hospitals implement and augment the Standard of Care, all of which want to maximize their profits. Insurance companies write the contracts that doctors must sign. A doctor, whom the patient invariably trusts, is not at liberty to design protocols that actually cures the patient. In fact, the Standard of Care prohibits doctors from even using the word "cure" because they are compelled to dispense chemical concoctions that allegedly alleviate the disease symptoms rather than eliminate disease.[393] While many patients die, especially those with cancer, that is not the objective, any more than it is to cure them. The drug companies seek lifetime customers, which does not include a cure.

From 1970 to 1990, cancer was a very profitable disease in America, about $1 billion when one includes treatment centers, chemo drug sales, and other therapies. Allopathic medicine has expended very little money on effective cures. Rather, it has concealed numerous cures. President Richard Nixon signed the National Cancer Act on December 23, 1971, declaring the War on Cancer, which strengthened the credibility of the National Cancer Institute. The cancer industry is now worth six times

391. What Is a Dear Doctor Letter? http://www.druginjurylawyer.com/what-dear-doctor-letter.html, viewed 5/20/2014.

392. Jennifer Daniels, The Lethal Dose, Murder By Medicine is No Accident, Everyday Vitality, Kindle, 2013, Locations 120–127.

393. Ibid., Locations 135–142.

that amount, with no cure in sight, just failing treatments—slash, burn, and poison, which have a 3 percent success rate.[394]

Nixon's War on Cancer actually suppressed the work of Dr. Otto Warburg who revealed that cancer was a "metabolic problem that arose as a result of chronic oxygen deficiency. At the cellular level, chronic oxygen deficiency causes the replacement of the oxygen respiratory cycle of energy metabolism that takes place in cellular organelles called mitochondria with a less efficient energy production mechanism called aerobic glycolysis that occurs in the cells cytoplasm. Such energy transformation can lead to apoptosis of cells (a die off) and the development of chronic diseases including AIDs; if it happens acutely, it leads to necrosis—dead tissue as occurs in an acute myocardial infarction. It is occurs chronically over a long period of time, the mature cell has the evolutionary programmed option of reverting to a self-preserving embryonic state which is called cancer."[395]

Andreas Moritz wrote, "One of the AMA's stated objectives and obligations is to protect the income of its members (medical doctors). The biggest income of AMA members is generated by treating cancer patients. On the average, every cancer patient is worth $50,000. If ever a cancer cure were officially recognized in this country (USA), it would threaten the income and livelihood of AMA members. The bylaws of the AMA practically prohibit the promotion of a cure for cancer."[396] In 1900, only one in 8,000 individuals suffered from cancer. Today's rate is one out of every two people.[397] Although only 2 to 4 percent of cancers respond to chemotherapy, as mentioned above, it is the Standard of Care, and 75 percent of cancer patients receive chemotherapy.[398]

In 2000, a presidential task force revealed that medical errors constitute a "national problem of epidemic proportions." The group determined that the "cost associated of these errors in lost income, disability, and health care costs is as much as $29 million annually." Just

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394. Barry Groves, *Trick and Treat: how 'health eating' is making us ill*, Hammersmith Books Limited, London, Kindle, 2008, Locations 1102–1109.
395. Nancy Turner Banks, AIDs, Opium, Diamonds, the Deadly Virus of International Greed, iUniverse, Inc., Bloomington, Indiana, 2010, p. 56
396. Andreas Moritz, Cancer Is Not A Disease - It's A Survival Mechanism, Enerchi Wellness Press, Kindle, 2009, Locations 606–609.
397. Ibid., Locations 1052–1053.
398. Ibid., Locations 493–494.

in the United States, there is one death every three to five minutes caused by the side effects of prescribed FDA-approved pharmaceutical drugs. That is about five times as many as the people who die from illegal drugs. More people die each and every year because of medical mistakes than by AIDS, breast cancer, or highway accidents. About 9 percent of all hospital patients suffer a major or fatal complication related to their care. Fourteen percent of those who die of cardiac arrest perish because of an iatrogenic (resulting from the activity of a physician) event.[399]

Although the technology was already in the pipeline, George W. Bush, in his State of the Union address, January 20, 2004, mentioned the "major challenges" of the health care system, such as the rising costs of insurance premiums and that the nation had spent over $1.6 trillion on health care. He referred to "preventable errors, uneven health care quality, and poor communication among doctors, hospitals, and many other health care providers." Bush mentioned the Institute of Medicine (IOM), which "estimates that between 44,000 and 98,000 Americans die each year from medical errors. Many more die or have permanent disability because of inappropriate treatments, mistreatments, or missed treatments in ambulatory settings. Studies have found that as much as $300 billion is spent each year on health care that does not improve patient outcomes—treatment that is unnecessary, inappropriate, inefficient, or ineffective."[400]

Bush confirmed the medical errors and administrative inefficiencies, which he said "are closely connected to our failure to use health information technology as an integral part of medical care . . . medicine still operates primarily with paper-based records." Further, he referred to the antiquated, "outdated, paper-based system" and said that "a patient's vital medical information is scattered across medical records" and is "often unavailable at the time of care." He said, "Medical orders and prescriptions are handwritten and are too often misunderstood or not followed in accordance with the physician's instructions." Bush

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399. Andrew G. Robbins, *Licensed to Kill: The Growing Epidemics of Iatrogenic Disease and Bureaucratic Madness*, Author House, Bloomington, Indiana, Kindle, 2006, Locations 126–134.

400. George W. Bush, State of the Union Address, January 20, 2004, Transforming Health Care: The President's Health Information Technology Plan, "By computerizing health records, we can avoid dangerous medical mistakes, reduce costs, and improve care," http://georgewbush-whitehouse.archives.gov/infocus/technology/economic_policy200404/chap3.html, viewed 6/5/2014.

claimed that physicians, without adequate information, "set the stage for preventable medical errors."[401] What he suggested was that the lack of digitized medical records might be the culprit and cause of many of the deaths the IOM reported. The digital tracking of medical and pharmaceutical records, actually a surveillance mechanism, would indicate when a doctor deviates from the Standard of Care.

We often hear that America has the greatest health care system in the world. That is only true in the sense that Americans spend more money on health care and pharmaceutical drugs than any other country in the world, but the fact is that America has one of the worst health records. Though Americans consume more drugs and see more doctors, they are the least healthy. According to 2014 estimates, America's infant mortality rate (IMR) is higher than more than fifty-five other countries. The *World Fact Book* states, the "infant mortality rate compares the number of deaths of infants under one year old in a given year per 1,000 live births in the same year. This rate is often used as an indicator of the level of health in a country."[402] *Wikipedia* listed the United States as thirty-fourth from the 2011 reports.

It appears that the characteristics that people use to determine a nation's quality of health care is the number of doctor visits an individual makes in any given year. The evidence of a nation's alleged good health care system should be determined by a person NOT visiting the doctor at all, which, of course, would confirm the country's health care efficiency.

Andrew G. Robbins maintains that there is "a plague of cataclysmic proportions" that kills about 800,000 Americans each year. Some reports cite as many as 900,000 deaths. It is not AIDS, cancer, heart disease, terrorism, or communism. Robbins calls it "iatrogenic disease" and cites Dr. William Boyd, author of *Boyd's Pathology*, who explained, "In fear of the public, we seek refuge in a mystic word, iatrogenic, trusting that the patient will not consult a medical dictionary and find that 'iatros' is Greek for physician, and 'genetic' means caused by. Unfortunately, what is powerful for good may also be potent for evil." Physician-generated illness is the nation's leading killer, even more than cancer and heart

401. Ibid.

402 Country Comparison: Infant mortality rate, CIA World Fact Book, https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html, viewed 6/9/2014.

disease, and accounts for 36 percent of all hospital admissions. Doctors cause iatrogenic disease by overprescribing drugs, performing too many needless and precarious surgeries instead of allowing the body to naturally heal itself.[403]

Dr. Nancy Banks wrote, "Ivan Illich observed thirty years ago that iatrogenic medicine is *'a radical monopoly which feeds upon itself . . . (it) reinforces a morbid society in which the social control of the population by the medical system turns into a principle economic activity . . .'* Illich's observations have proved prescient because, in 2008, expenditures on health care accounted for 16% of the GDP and are expected to rise to $4.2 trillion in 2016 or 20% of GDP . . . The FDA has been accused of running an extortion racket against the natural products market . . . cherries ease inflammation in humans . . . At the same time that the FDA was harassing cherry farmers, it was approving the Merck drug Vioxx," a COX-2 inhibiting drug, that led directly to 100,000 heart attacks, cardiovascular disease and as many as 55,000 deaths.[404] According to Dr. Carolyn Dean, an article in the *Associated Press*, dated January 3, 2005, FDA scientist Dr. David Graham said that the actual number of Americans who perished or were seriously injured by Vioxx is 139,000, not the FDA's estimate of 28,000 or the reported 55,000. Merck spent $ 160.8 million to market Vioxx which quadrupled its sales to $ 1.5 billion by 2004 from approximately $ 330 million in 1999. [405]

Merck knew about the increased risk of a heart attack from its clinical trials but still aggressively marketed the product. On May 22, 2001, Merck released information the FDA later criticized in a warning letter. Merck claimed that the Vioxx risk was 0.5 percent. Merck referred physicians to the November 2000 *New England Journal of Medicine* for confirmation. However, if one considered the millions of people who took

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403. Andrew G. Robbins, *Licensed to Kill: The Growing Epidemics of Iatrogenic Disease and Bureaucratic Madness*, Author House, Bloomington, Indiana, Kindle, 2006, Locations 116–126.

404. Nancy Turner Banks, AIDs, Opium, Diamonds, the Deadly Virus of International Greed, iUniverse, Inc., Bloomington, Indiana, 2010, pp. 41–42, Andrew G. Robbins, *Licensed to Kill: The Growing Epidemics of Iatrogenic Disease and Bureaucratic Madness*, Author House, Bloomington, Indiana, Kindle, 2006, Locations 610–615

405. Carolyn Dean MD ND, Death by Modern Medicine: Seeking Safe Solutions: 3rd Edition, Perfect Pitch Editions, 2012, Locations 3719-3721, 3982-3984

the drug that would represent an additional 1,000 heart attacks for every million patients. On September 30, 2004, after numerous damaging lawsuits, Merck pulled Vioxx from the market.[406]

Some people claim that guns kill so many people. There are 700,000 allopathic physicians practicing in America where there are about 120,000 accidental doctor-related deaths annually, which accounts for 0.171 deaths per doctor. In comparison, there are eighty million gun owners in America. Annually, there are 1,500 accidental gun-related deaths, or 0.0000188 deaths per gun owner. It is 9,000 times more likely that a person will be killed by a doctor than by a gun owner. If one also factors in the people who perish from adverse drug reactions (ADRs), properly administered, at least 106,000 people, then the numbers are even higher. This is according to the *Journal of the American Medical Association* (*JAMA*), which found that 2.2 million patients suffer preventable adverse reactions to drugs every year. We never hear about or participate in protests against the medical profession. One cannot say the same thing about protests against guns, especially after a well-publicized shooting.[407]

Those 2.2 million in-hospital adverse reactions include the 106,000 patients who perish. According to Dr. Richard Besser of the CDC, health care professionals prescribe twenty million unnecessary antibiotics per year. Doctors perform 7.5 million unnecessary procedures per year. Health care workers admit 8.9 million patients to unnecessary hospitalization per year. Conventional medicine is responsible for at least 783,936 iatrogenic deaths per year, making government-approved allopathic medicine America's "leading cause of death," costing billions of dollars. The Institute of Medicine's annual medical errors of 98,000 increases the total. Those figures are just for one year. Given the gruesome statistics, AMA should connote American Murder Association rather

406. Beasley Allen Law Firm, Vioxx Plaintiffs seek Mistrial after Allegation on Merck Study, December 10, 2005, http://www.beasleyallen.com/news/vioxx-plaintiffs-seek-mistrial-after-allegation-on-merck-study/, viewed 5/10/2014.

407. Andrew G. Robbins, *Licensed to Kill: The Growing Epidemics of Iatrogenic Disease and Bureaucratic Madness*, Author House, Bloomington, Indiana, Kindle, 2006, Locations 138–149.

than the American Medical Association. Who is monitoring the medics? It certainly is *not* the FDA.[408]

By 2003, Americans were spending $1.6 trillion on health care, 14 percent of the nation's GNP. Yet, the United States is one of the unhealthiest countries. In the same year, a study showed that almost 50 percent of medical school faculty functioned on institutional review boards and as consultants to the pharmaceutical industry.[409] There are two words that an individual formally associated with a clinical trial does not want to hear—death and cure. The market-based objective is long-term profitable treatment.

408. Gary Null, PhD; Carolyn Dean MD, ND; Martin Feldman MD; Debora Rasio, MD; and Dorothy Smith, PhD, Death by Medicine, http://www.webdc.com/pdfs/deathbymedicine.pdf, viewed 4/20/2013.

409. Ibid.

PART 3

The Psych Drugs, a Secondary Assault

Diagnosis by Consensus

From "Description to Prescription"[410]

In 1844, in Philadelphia, thirteen individuals, including Thomas Kirkbride, all associated with the existing insane asylums and hospitals, founded the Association of Medical Superintendents of American Institutions for the Insane (AMSAII). Kirkbride created the nation's asylum model. They proposed to abandon the use of "all means of personal restraint." In 1892, the organization changed its name to the American Medico-Psychological Association so that assistant physicians could join the group. In 1921, the group changed its name to American Psychiatric Association (APA), which it incorporated in the District of Columbia in 1927. In 1948, the APA, headquartered in Arlington, Virginia, created a task force to create a new standardized psychiatric classification system, which resulted in the 1952 publication of the first *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*). The latest version of the *DSM* is *DSM-V*, which was published in May 2013. The APA functions as the psychiatrist's labor union, currently composed of 36,000 members, mostly in America, though there are some international members. It is the largest psychiatric organization in the world and publishes various journals and pamphlets, as well as the *DSM*, which is used worldwide as a diagnostic guide.

On June 18, 1940, at the annual meeting of the National Council of Mental Health, in a presentation called "Strategic Planning for Mental Health," Dr. John Rawlings Rees said, among other things, "We must aim to make it (psychiatry) permeate every educational activity

410. Thomas Szasz, The Medicalization of Everyday Life: Selected Essays, Syracuse University Press, Syracuse, New York, Kindle, 2007, Location 433, I have borrowed this wonderful term from the wonderful Thomas Szasz.

in our national life . . . Public life, politics and industry should all of them be within our sphere of influence. It needs little imagination to see improvements that could be effected in each of them. If we are to infiltrate the professional and social activities of other people, I think we must imitate the Totalitarians and organize some kind of fifth column activity! If better ideas on mental health are to progress and spread, we, as the salesmen, must lose our identity. . . . Let us all, therefore, very secretly be 'fifth columnists.'"[411]

Following World War II, the US government gave psychiatrists authority over every sector of our society after many of them testified before Congress that psychiatry could prevent delinquency and unhappiness. After the war, Dr. Rees, associated with the Tavistock Institute of Medical Psychology, helped found the institute, with funding from the Rockefeller Foundation. He became the first president and director of the World Federation for Mental Health, which he founded, now an NGO that gives counsel to the United Nations.

Canadian psychiatrist G. Brock Chisholm, president of the World Federation of Mental Health in 1945 said, "The re-interpretation and eventually (the) eradication of the concept of right and wrong which has been the basis of child training, the substitution of intelligent and rational thinking for faith . . . it is necessary to remove from the minds of men their individualism, loyalty to family traditions, national patriotism and religious dogmas."

On September 18, 1945, Donald Marquis, secretary of the American Psychological Association, testified before the House Subcommittee on Public Health in favor of passage of the National Neuropsychiatric Institute Act. Dael L. Wolfle, the association's executive secretary, testified in favor of the Senate version of the same bill before the Senate Subcommittee on Health and Education on March 6, 1946.[412] In 1946, W. H. Auden wrote *The Age of Anxiety*, a pre-Prozac psychological, perhaps psycho-historical book-length poem to characterize society following the deadliest war in history and the perfectly normal feelings relative to the uncertainness of the present and immediate future.

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411. Dr. John Rawlings Rees, Mental Health, Vol. I. No. 4 October 1940, Strategic Planning for Mental Health, pp. 103–104.

412 APA Historical Database: Selected Entries, http://www.cwu.edu/~warren/calendar/cal0918.html, viewed 5/2/2014.

On July 3, 1946, President Harry S. Truman signed the National Mental Health Act, which allocated federal funding for both psychiatric education and research. This act ultimately led to the founding of the National Institute of Mental Health (NIMH) on April 15, 1949, one of twenty-seven institutes and centers that make up the National Institutes of Health (NIH), an agency of the Department of Health and Human Services (DHHS), primarily for biomedical and health-related research. The NIMH philosophy, from John Ruskin, is "Education does not mean teaching people to know what they do not know—it means teaching them to behave as they do not behave." The main purpose for the legislation was to obtain federal financing for the promotion of psychiatry. The APA and other entities promised Congress that psychiatrists could solve social problems. Since then, government funding to the psychiatric industry has increased from $1 million to 1.4 billion per year, an increase of 139,000 percent.

In 1949, the World Health Organization (WHO) published the sixth revision of the *International Statistical Classification of Diseases* (ICD), which included a section on mental disorders for the first time. *DSM-I* categorized mental disorders similar to those of the Armed Forces, an adaptation of *Medical 203* that William C. Menninger had developed during the war. The APA created *DSM-I*, the *Diagnostic and Statistical Manual of Mental Disorders*, published in 1952. The manual listed 106 mental disorders and was 130 pages in length. The former APA president Daniel Borenstein recently admitted that "approximately one-third of APA's annual income is derived from the pharmaceutical industry."[413]

Menninger, the former US chief military psychiatrist, persuaded President John F. Kennedy to implement a national mental health policy, the Community Mental Health Act of 1963. It "relies primarily upon the new knowledge and new drugs . . . which make it possible for most of the mentally ill to be successfully and quickly treated in their own communities." Menninger's manual on mental disorders was the forerunner for the *DSM*. Kennedy enacted a law creating Community Mental Health Centers, which inadvertently led to deinstitutionalization

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413. Peter Breggin, *The Antidepressant Fact Book: What Your Doctor Won't Tell You About Prozac, Zoloft, Paxil, Celexa, And Luvox*, Da Capo Press, Cambridge, Massachusetts, Kindle, 2009, Locations 2818–2819.

and possible homelessness for a number of people.[414] President Lyndon B. Johnson then pledged to apply scientific research to social problems.

In the 1960s, Thomas Szasz, the author of *The Medicalization of Everyday Life: Selected Essays*, argued that mental illness was a myth used to disguise moral conflicts, those values of right and wrong that Chisholm, through psychiatry, wanted to eradicate. Others said that mental illness was a societal gimmick to label nonconformists. The APA published *DSM-II* in 1968, increasing the number of "disorders" to 182 enumerated in 134 pages. In the early 1970s, activists opposed the APA's listing of homosexuality as a mental disorder and wanted scientific evidence to prove that it was a disease. If other less vocal groups demanded the same verification regarding a disorder or disease, then people would discover that the *DSM* is a total fabrication. Given the potential of being discovered for what it was, an APA panel wisely reconsidered its stance on the disease of homosexuality and reprinted the *DSM-II*, changing the diagnosis from mental disorder to sexual-orientation disturbance.

In 1974, the APA selected Robert L. Spitzer as the head of the task force to revise the *DSM* to make it more compatible with the International Statistical Classification of Diseases and Related Health Problems (ICD), published by the WHO, the health authority within the UN system. Spitzer and his committee sought to standardize diagnostic practices to gain credibility for psychiatry in general and to expedite the pharmaceutical regulatory process. Spitzer and his committee created new mental disorders based on a consensus of the psychiatrists on the various disease-originating committees, functioning as key opinion leaders (KOLs).

Whenever one hears or reads the word "consensus," it refers to herd mentality, group or collective thinking. Beverly K. Eakman, author of *Push Back* and other books, maintains that "it's easier to control a group than it is to control an individual . . . it's actually the reason behind attempts to collectivize participants in focus groups, committees, etc. Unethical facilitators—those with ulterior motives—will try to maneuver

414. Community Health Centers, http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/CommunityHealthCenters.html, viewed 8/18/2014.

you toward groupthink instead of 'I think.' That's the first giveaway that you are dealing with a professional manipulator."[415]

Bureaucratic unelected officials have actually institutionalized collectivized thinking. Other groups also use these same group-think tactics. A glaring example of bureaucratic psychological manipulation is the NIH's Consensus Development Program (CDP). In 1977, the NIH's Office of Disease Prevention (ODP) established the CDP to produce "unbiased, evidence-based assessments of controversial medical issues" for "researchers, healthcare providers, policymakers, patients, and the general public." In conjunction with that objective, the CDP has issued "consensus statements" that "numerous professional organizations" have used to "develop guidelines for clinical practice."[416] The CDP has issued over 160 statements that one may find in the online database.[417] Be sure to scroll down and look at the historical statements listed under "Past Conferences," particularly the conference, "Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder" on November 16–18, 1998.[418]

The CDP "has served as a model for consensus conference programs developed in many other countries." As of 2013, with the creation of other federal agencies, academic institutions, and private organizations, the CDP discontinued its service. Other entities, including the Preventive Services Task Force, the Community Preventive Services Task Force, the Institute of Medicine, and the Cochrane Collaboration have assumed the role that the CDP previously served. The NIH's ODP currently focuses on "its mission to improve the public health by increasing the scope, quality, dissemination, and impact of prevention research."[419]

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415. B. K. Eakman, Push Back!: How to Take a Stand Against Groupthink, Bullies, Agitators, and Professional Manipulators, Skyhorse Publishing, Inc., New York, Kindle, 2014, Locations 157–160.

416. Retirement of the National Institutes of Health Consensus Development Program, http://consensus.nih.gov, viewed 3/21/2014.

417. NIH Consensus Development Program, Previous Conference Statements, http://consensus.nih.gov/previous.htm, viewed 3/21/2014.

418. Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder on November 16–18, 1998, http://consensus.nih.gov/1998/1998AttentionDeficitHyperactivityDisorder110html.htm, viewed 3/21/2014.

419. Retirement of the National Institutes of Health Consensus Development Program, http://consensus.nih.gov, viewed 3/21/2014.

The APA, experts at collectivizing people's thinking, published its landmark *DSM-III* in 1980, listing 265 diagnostic categories in 494 pages. Spitzer later admitted that it led to the medicalization of 20 to 30 percent of the population who may not have had any mental problems at all before some "expert" pointed it out.[420] In the medical journals in 1966, there were 703 articles with the word *depression* in their titles. After the APA published the *DSM-III*, with newfangled definitions of depression, now a disorder that demanded the latest drug, journals published 2,754 articles on depression. In the mid-1990s, the number had increased dramatically. By 2005, the number of articles about depression totaled 8,677. Now, Auden's age of anxiety has become the age of depression.[421]

In 1987, the APA published the *DSM-III-R*, containing 292 diagnoses in 567 pages including disorders for another target group—children. Members decided to add a new "billing item," ADHD, and within a year, 500,000 American children were considered mentally ill and taking Ritalin or some other stimulant.[422] In 1994, the APA published the *DSM-IV*, with 297 disorders in 886 pages. In the introduction of the *DSM-IV*, the APA states, "It must be noted that *DSM-IV* reflects a consensus about the classification and diagnosis of mental disorders derived at the time of its initial publication." The *DSM-IV* resulted from APA committees, which used creativity in the fabrication and medicalization of life's normal feelings and stages and voted to arrive at a "consensus" of what constituted a "disease."[423]

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420. Kelly Patricia O'Meara *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill*, AuthorHouse, Bloomington, Indiana, Kindle, 2006, Locations 520–523.

421. Allan V. Horwitz, Jerome C. Wakefield, *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder*, Oxford University Press, New York, 2007, pp. 3–5.

422. CCHR, False and Misleading "Advertising" by Psychiatric Groups, A Contributing Factor in Negligence and Harm?, January 29, 2004, http://www.cchr.org/sites/default/files/False_and_Misleading_Advertising_by_Psychiatric_Groups.pdf, viewed 4/10/2014.

423. Kelly Patricia O'Meara *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill*, AuthorHouse, Bloomington, Indiana, Kindle, 2006, Locations 520–523.

The APA's *DSM* has fueled a dramatic rise in antidepressant sales, reaching $12.5 billion in 2000.[424] Between the publication of the third and fourth editions, the number of mental disorders increased by 300 percent. A 2006 study revealed that 100 percent of the psychiatrists who wrote the mood and psychotic disorders sections of *DSM-IV* had financial ties to the drug companies. Between 1994 and 2006, antipsychotic and antidepressant drug sales increased 256 percent.[425]

Dr. Peter R. Breggin states that ADHD, bipolar disorder, major depressive disorder, and schizophrenia are diagnostic categories that do not reflect valid diseases or illnesses comparable to Alzheimer's disease, stroke, or diabetes. Despite claims to the contrary, these psychiatric disorders and hundreds of others have no proven genetic, chemical, or biological basis. They cannot be diagnosed by physical symptoms or laboratory studies. Of course, no one denies that people can become highly irrational, lose touch with reality, or become suicidal or violent; but an extreme emotional response, however destructive, in and of itself does not demand an explanation rooted in biological dysfunction. Without any underlying medical disorder, human beings have the capacity for extreme psychological reactions, especially under stress.[426]

Regarding ADHD, if a child meets six out of eighteen characteristics, such as inattentiveness in school, not listening when spoken to directly, failure to follow directions, losing things, being easily distracted or forgetful, fidgeting, excessive talking, blurting out answers, or having difficulty waiting for his or her turn. These are all normal childhood behaviors. Typically, for ADHD, doctors prescribe Ritalin (methylphenidate), FDA approved in 1955, made by Novartis. According to the Drug Enforcement Administration (DEA), created July 1, 1973,

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424 CCHR, False and Misleading "Advertising" by Psychiatric Groups, A Contributing Factor in Negligence and Harm?, January 29, 2004, http://www.cchr.org/sites/default/files/False_and_Misleading_Advertising_by_Psychiatric_Groups.pdf, viewed 4/10/2014.

425 CCHR, Mental Health Care: What is the Alternative to Psychotropic Drugs? A Public Interest Report on Medical Alternatives to Psychiatry, January 2008, http://www.cchr.org/sites/default/files/What_is_the_Alternative_to_Psychotropic_Drugs_White_Paper.pdf, viewed 8/1/2014.

426. Peter R. Breggin, *Brain Disabling Treatments in Psychiatry: Drugs, Electroshock, and the Psychopharmaceutical Complex*, Springer Publishing, New York, Kindle, 2007, Preface.

America uses 90 percent of the world's Ritalin, a Schedule II drug, pharmacologically similar to cocaine. By 1995, in America, doctors had diagnosed 10 to 12 percent of all boys between the ages of six and fourteen with ADHD. Meanwhile, the US government has spent over $70 billion on a phony war on drugs. It appears that the world's biggest drug dealers are the psychiatrists, pediatricians, and general practitioners who prescribe this incredibly addictive drug as well as others.[427]

The DEA maintains records, aggregate production quota (APQ), on the increased production and use of Ritalin or methylphenidate and amphetamine. In 1990, the two main manufacturers of methylphenidate reported about 2,000 kilograms per year, up from 1,768 kilograms in 1990. Before 1991, domestic sales were about 2,000 kilograms per year. By 1999, domestic sales had increased by 500 percent. In 2000, there were six major manufacturers who sold 14, 957 kilograms.[428]

IMS Health provided the DEA with prescription information. About 80 percent of all prescriptions for amphetamine and methylphenidate were written for children diagnosed with ADHD. Following the increased usage of methylphenidate in the early 1990s, these prescriptions leveled off to about eleven million per year between 1996 and 2000. Adderall prescriptions increased between 1996 and 2000 from about 1.3 million to nearly 6 million. Pediatricians wrote over 50 percent of all amphetamine and methylphenidate prescriptions. In 1998, the IMS estimated that about 40 percent of all prescriptions for ADHD were written for children three to nine years of age, and about 4,000 methylphenidate prescriptions were written for children two years of age or under.[429]

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427. Kelly Patricia O'Meara, Guns & Doses—Drugging Kids, *Washington Times, Insight Magazine*, Vol. 15, No. 24 — June 28, 1999, http://www.cchrint.org/psychiatric-drugs/drug_warnings_on_violence/guns-doses-drugging-kids, viewed 5/3/2014.

428. Statement of Terrance Woodworth, Deputy Director, Office of Diversion Control, Drug Enforcement Administration before the Committee on Education and the Workforce Subcommittee on Early Childhood, Youth and Families, May 16, 2000, http://archives.republicans.edlabor.house.gov/archive/hearings/106th/ecyf/ritalin51600/woodworth.htm, viewed 5/3/2014.

429. Ibid.

Dr. David Healy said, "As recently as 1990, there was seemingly little danger that depression could be corporatized." [430] Yet, they have succeeded. Pediatric neurologist, Dr. Fred Baughman says it is all a fraud. The psychiatric industry, a huge business, views humans as guinea pigs, and conducts studies to legitimize its pseudo disorders and then spends millions marketing psychiatric drugs. Psychiatrists admit that they cannot prove any of their mental diseases and cannot cure anything. Baughman says there is no such illness as ADHD. He maintains that it is "a contrived epidemic" and that all five to six million children on these stimulant drugs are normal. He said, "The country's been led to believe that all painful emotions are a mental illness and the leadership of the APA knows very well that they are representing it as a disease when there is no scientific data to confirm any mental illness."[431]

Whether it is economic/employment stress, warfare, natural disaster, family issues, we all experience depression to one degree or another. In previous times, we would count on our family or friends and their emotional support to get us over the hump. Author Ethan Watters wrote about the "mental disorders sparked by Hurricane Katrina which were proving strangely resistant to both treatment and the healing effect of time." Mood disorders and PTSD were still apparent, evidently despite treatment, and even increasing three years after hurricane Katrina and Rita, possibly due to the fact that many people lost their noninsured or underinsured homes as well as their jobs for the same reasons and still suffered Katrina's lingering aftereffects. This situation compelled, with government encouragement, many people to relocate, which created new challenges.[432]

Senior Vice President Ken Johnson of the Pharmaceutical Research and Manufacturers of America (PhRMA) announced, in Louisiana, that the drug companies were presently developing over 300 additional

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430. David Healy, *Let Them Eat Prozac, the Unhealthy Relationship between the Pharmaceutical Industry and Depression*, New York University Press, 2004, Kindle, p. 1.

431. Kelly Patricia O'Meara, Guns & Doses—Drugging Kids, *Washington Times, Insight Magazine*, Vol. 15, No. 24 — June 28, 1999, http://www.cchrint.org/psychiatric-drugs/drug_warnings_on_violence/guns-doses-drugging-kids, viewed 5/3/2014.

432. Ethan Watters, Crazy Like Us: The Globalization of the American Psyche, Free Press, New York, Kindle, 2009, pp. 251–253.

medications to address mental health conditions, for "a range of conditions, from depression to anxiety, and from schizophrenia to dependence on alcohol and drugs." He assured the public that the new drugs the "research pipeline" were sixty-six medicines for depression, twenty-six medicines for addictive disorders, fifty-four medicines for anxiety, eighty-nine for dementias, including Alzheimer's disease, forty-five for schizophrenia. Johnson said that the combination of those disorders affected millions of people each year.[433]

With all of those new medications, it was incumbent upon the APA to devise some innovative disorders for its upcoming new edition of its diagnostic manual, the *DSM-V*. With the suggestions from many psychiatrists, academically written journal articles, the APA research groups were in the process of deliberating on what new disorders to add and which to exclude. To confirm the fact that this "scientific" panel was not scientific in its creation of its mental disorders, the APA appealed to the public by adding a link to its website, "Make a Suggestion" for the inclusion of a new disorder in the *DSM-V* project or suggest the deletion of "an existing disorder." The APA said that it would consider all suggestions and route them to the appropriate work group.[434]

On May 18, 2013, the APA published the *DSM-V*, after David J. Kupfer led the task force.[435]

They designed it to describe the signs and superficial symptoms of mental disorders, with no consensus on causes and no statistics despite the title. Dr. Renee Garfinkel, psychologist, a participant in the development of the *DSM*, said, "The low level of intellectual effort was shocking. Diagnoses were developed by majority vote on the level we would use to choose a restaurant. You feel like Italian, I feel like Chinese, so let's go to a cafeteria. Then it's typed into the computer. It may reflect

433. More Than 300 New Medicines Being Developed for Mental Illnesses, Red Orbit, July 24, 2008, http://www.redorbit.com/news/health/1493525/more than 300 new medicines being developed for mental illnesses/?print=true, viewed 8/21/2014.

434. Ethan Watters, Crazy Like Us: The Globalization of the American Psyche, Free Press, New York, Kindle, 2009, pp. 251–253.

435. DSM: http://www.dsm5.org/Pages/Default.aspx, viewed 8/18/2014.

on our naïveté, but it was our belief that there would be an attempt to look at things scientifically."[436]

The main justification for the publication of the *DSM* is an attempt to legitimize "diseases" in order to bill the insurance companies. The psychiatric community has a moral obligation to scientifically validate the five-hundred-plus mental disorders in the *DSM-V* and prove that they are "objective, confirmable abnormalities of the brain—and not merely subjective clinical diagnoses, no diagnosis, no drugs."[437] Prior to the 1950s and 1960s, psychiatry addressed "serious mental illness." After the introduction of numerous drugs and the creation of new disorders, psychiatry became "a major force in the public domain," and only a few practitioners used the *DSM* and its classification system, which now has become "the bread and butter of daily practice for a vast array of therapists."[438]

The current director of the NIMH, Dr. Thomas Insel, recently said this of the *DSM*: "It is, at best, a dictionary. . . . Its weakness is its lack of validity."[439] Perhaps things are looking up and people are beginning to recognize that psychiatry is a farce. Many of the psychiatrists/authors behind the *DSM* were financially connected to the pharmaceutical industry, a direct conflict of interest. In some instances, 100 percent of a particular APA panel had financial ties with the pharmaceutical industry. Some psychiatrists refer to the composition of the *DSM* as "phony diagnostic categories," saying that "it was developed to help psychiatrists—to help them make money." The APA also earned over $100 million with its publication.

Psychiatrists, whose median income is about $191,000, claim that one billion of the world's population is mentally ill. There are almost 50,000 psychiatrists in America. Let's clarify a couple of things—a psychologist

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436. Educator's Guide, *Diagnostic and Statistical Manual of Mental Disorders,* Psychiatry's Deadliest Scam, Citizens Commission on Human Rights (CCHR).

437. Kelly Patricia O'Meara *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill*, AuthorHouse, Bloomington, Indiana, Kindle, 2006, Locations 447–451.

438. David Healy, The Creation of Psychopharmacology, Harvard University Press, Cambridge, Massachusetts, Kindle, 2002, Locations 3359–3362.

439. Sheila Matthews Gallo, Op-ed: More mental health nonsense, http://ctmirror.org/op-ed-more-mental-health-nonsense, viewed 6/2/2014.

provides talk therapy, as did Sigmund Freud, but cannot prescribe drugs. The first appointment with a psychiatrist is usually the longest as that is when he or she selects a condition from the *DSM* in order to determine what drug to prescribe. All future appointments usually last about ten to fifteen minutes, about the same as a physician, and are merely "medication management" sessions. Physicians, without a psychiatric diagnosis, readily write prescriptions for psychiatric drugs, making it unnecessary for a patient to visit a psychiatrist, both of which insurance will pay for, either private or of government. However, insurance does not pay for talk therapy, just drug therapy. They currently pay $69 billion every year for psychiatric care, which increases insurance premiums for everyone.

Because of the deceptive assertions of the *DSM*, the following has occurred:

1. Doctors have diagnosed and prescribed dangerous addictive, mind-altering, suicide- and violence-inducing drugs to twenty million children worldwide.
2. Over 150 million people worldwide have taken selective serotonin reuptake inhibitor (SSRI) antidepressants, with annual sales totaling almost $20 billion.
3. Fabricated *DSM* disorders masquerading as diseases have generated increased international mental health budgets.
4. In the United States, the budget for mental health rose from $33 billion in 1993 to over $100 billion within ten years.
5. Mental health costs have increased the deficits of numerous countries.

Despite the expenditures, which should have been spent elsewhere, "countries now face unprecedented levels of child abuse, suicide, drug abuse, violence and crime—very real problems for which the psychiatric industry can identify neither causes nor solutions."[440]

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[440] Rohit Adi, M.D., Mary Jo Pagel, M.D., Tony P. Urbanek, M.D., D.D.S., Julian Whitaker, M.D., Doctor's Open Letter to Governments, http://www.cchr.org/sites/default/files/Doctors_Open_Letter_to_Governments.pdf, viewed 4/10/2014.

Prozac, a Blockbuster of a Killer

SSRIs—Engineered Psychosis

The origin of the SSRIs was in the 1960s, when Paul Kielholz became a professor of psychiatry in Basel, the location of the major Swiss chemical companies. Thus, he was well positioned to become a leading figure in the psychopharmacology world.[441] Fluoxetine, known under the trade names Prozac, Sarafem, Ladose, and Fontex, among others (about 175), created in 1974, is an antidepressant of a class of drugs called selective serotonin reuptake inhibitors (SSRIs). It was one of the first therapies in its class used to treat what people called clinical depression. It theoretically blocks the uptake of serotonin within the human brain. By 2010, doctors would prescribe it to more than fifty-four million people worldwide.

A blockbuster is a pill with an enormously high sales quota, one that might be sold a billion times and represent a gigantic sales volume. It might temporarily relieve the symptoms but that is "secondary," as many people feel ill and there are many illnesses. Nevertheless, "illness is the exception and not the rule. Consequently, sick people represent a relatively small market."[442] John Virapen wrote, "Imagine if you could talk those who aren't ill into taking pills. Then you would reach a new dimension of marketing. That is the new quality of a blockbuster." That "was exactly the role Fluoxetine was supposed to play."[443]

Eli Lilly, a pharmaceutical company based in Indianapolis, also has offices in Puerto Rico and seventeen other countries. It sells its products in approximately 125 countries. It was the first company to mass-produce

441. David Healy, Let Them Eat Prozac, NYU Press, New York, Kindle, 2004, pp. 16.

442. John Virapen, Side Effects Death, Confessions of a Pharma-Insider, Virtualbookworm.com Publishing Inc., College Station, Texas, 2010, p. iv.

443. Ibid., p. 73.

penicillin, the Salk polio vaccine, and insulin, including human insulin using recombinant DNA. Lilly is the world's largest manufacturer and distributor of psychiatric medications including Cialis, Cymbalta, Gemzar, methadone, and Prozac.[444]

By 1984, Eli Lilly was well aware of the serious issues with Prozac, long before Lilly introduced it to the American market. Statistics in an internal Lilly document show that akathisia, a severe agitation that often provokes suicide, occurs in at least 1 percent of all patients. Lilly has a moral obligation to disclose that fact in its product literature and package inserts. Lilly lists akathisia in its product literature deigned for the United States, but only as an infrequent event for Prozac users and fails to mention akathisia and its relationship to suicide.

Those internal documents explain why the German regulators refused to approve Prozac without a stronger suicide warning more than twenty years ago. On May 25, 1984, Barbara von Keitz, an Eli Lilly employee in Hamburg, sent a document to Lilly headquarters in Indianapolis regarding fluoxetine (Prozac). Keitz, in referring to the fluoxetine studies conducted by Eli Lilly, stated that fluoxetine compared to standard antidepressants and placebo was ineffective. Keitz pointed out that there were sixteen suicide attempts during the treatment with fluoxetine, two of which were successful. This was after Lilly excluded anyone who was at risk for suicide from the studies. Keitz suggested that the suicides could probably be "attributed" to the drug. Keitz pointed out that the number of patients was too small and many of the studies were incomplete as patients dropped out due to the high incidence of adverse side effects.[445]

On March 23, 1985, Dr. Richard Kapit, after his safety review of fluoxetine, said in an internal FDA document that there were seventy-six "significant" adverse events occurring among patients exposed to

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444. Colin A. Ross, *The CIA Doctors: Human Rights Violations by American Psychiatrists*, Greenleaf Book Group Press, Austin, Texas, Kindle, 2011, Locations 991–996.

445. PDAC Regarding the Results of FDA's Ongoing Meta-analysis of Suicidality Data from Adult Antidepressant Trials, Psychopharmacologic Drugs Advisory Committee (PDAC) members, December 1, 2006, For: December 13, 2006, Various documents used to represent 100 individuals in suicide and suicide attempt cases involving SSRI antidepressants, including Paxil, Zoloft and Prozac, http://www.baumhedlundlaw.com/safety-advocates/bhlaw-ssridocs.php, viewed 8/14/2014.

fluoxetine in the clinical trials. He described some of the side effects, including hypersensitivity, psychotic episodes, and a decrease in hemoglobin level. Most frequently, this drug caused nausea, insomnia, nervousness, diarrhea, and a reduced appetite and weight loss. Depression often affects appetite, but fluoxetine intensifies anorexia and weight loss. Other adverse reactions experienced during the trials included seizures, paranoia, severe dystonic reaction, scaly rash, mania, suicide, attempted suicide, and movement disorders such as dyskinectic jaw movements, involuntary movements of the face and arms, vaginal bleeding, and allergic skin reactions requiring hospitalization.[446]

Dr. Kapit, the FDA psychiatrist in charge of evaluating the safety of Prozac, then writes, "Unlike standard tricyclic antidepressants, fluoxetine's profile of adverse effects more closely resembles that of a stimulant drug than one that causes sedation and gain of weight . . . Indeed nervousness was the most common adverse symptom cited by long-term fluoxetine patients who eventually discontinued therapy due to an adverse reaction." Kapit said, "It is possible that these adverse effects of fluoxetine treatment may negatively affect patients with depression." He continued, "It may be appropriate to develop advisory labelling warning the physician that certain signs and symptoms of depression may be exacerbated by this drug. If the drug is marketed, post marketing studies should be required to determine the frequency with which fluoxetine may cause intensification of these specific signs and symptoms of depressive illness."[447]

In the clinical trials, Prozac caused mania in one in one hundred people, which would be much higher in unobserved patients in daily life. One in one hundred, considered common, poses an incredible risk to public safety. The newer antidepressants, the SSRIs, are four times more likely to cause mania than the older antidepressants. Dr. Breggin states, "Seventy percent of the patients who became manic on Prozac had never shown any signs of manic tendencies in the past."[448]

On October 10, 1985, the Psychopharmacologic Drugs Advisory Committee (PDAC) convened a two-day public hearing to determine the

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446. Ibid.

447. Ibid.

448. Peter Breggin, The Antidepressant Fact Book: What Your Doctor Won't Tell You About Prozac, Zoloft, Paxil, Celexa, And Luvox, Da Capo Press, Cambridge, Massachusetts, Kindle, 2009, Locations 783-786, 793-799.

efficacy of Prozac (on the first day) and haloperidol (on the second day). According to the FDA regarding its PDAC, "The Committee shall consist of a core of 11 voting members including the Chair . . . selected by the Commissioner . . . from among authorities knowledgeable in the fields of psychopharmacology, psychiatry, epidemiology . . . and related specialties. The core of voting members may include one technically qualified member . . . who is identified with consumer interests. In addition to the voting members, the Committee may include one non-voting member who is identified with industry interests."[449] The composition of the committee did not meet the FDA criteria in that there were seven employees of Eli Lilly who participated.

The PDAC deciding on Prozac and another drug consisted of Dr. Thomas Detre, chairman; Dr. Frederick J. Abramek; Dr. Walter H. Cater; Dr. Sheldon H. Preskorn; Dr. Sandra Steinbach; Dr. Ching-Piao Chien; Dr. Michael E. Stanley; Dr. Thomas Hayes; Dr. Karin Kook; Dr. Robert Temple; Dr. Paul Leber (FDA); Dr. Linda Kessler (FDA); Dr. J. Hillary Lee; Dr. George Chi (FDA); and Dr. Richard Kapit (FDA). Those unassociated with the FDA were academics. Other participants, all seven of whom were employed by Eli Lilly, were Dr. W. Leigh Thompson; Dr. Ray W. Fuller; Dr. Louis Lemberger; Dr. Robert L. Zerbe; Dr. Joachim F. Wernicke; Dr. Guy Chouinard; and Dr. David Wong.[450]

Lilly knew Prozac's stimulating effects, due to the clinical trials, before the company marketed the drug. Charles M. Beasley, a Lilly executive, compiled a secret report, *Activation and Sedation in Fluoxetine Clinical Studies*. He totaled the number of patients who exhibited "nervousness, anxiety, agitation, insomnia." He discovered that 38 percent of them experienced these adverse effects during the brief clinical trials. He did not include hyperactivity, euphoria, and mania. Lilly never revealed the results of Beasley's report to the FDA or any other entity. Lilly concealed the data until Dr. Peter R. Breggin discovered it in some company files when he was preparing materials for product liability suits

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449. Psychopharmacologic Drugs Advisory Committee, http://www.fda.gov/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/PsychopharmacologicDrugsAdvisoryCommittee/default.htm, viewed 8/12/2014.

450. Psychopharmacologic Drugs Advisory Committee, Twenty-eighth Meeting, Volume 1, October 10, 1985, http://www.healyprozac.com/PDAC/PDAC-Prozac.%20Oct%201985.pdf, viewed 8/12/2014.

against Lilly. Many patients actually left the trials due to the drug's stimulating effect, leading to the Prozac trials failure.[451]

Dr. Ray W. Fuller issued the following in-house secret order: "Some patients have converted from severe depression to agitation within a few days (of starting Prozac). In one case, the agitation was marked and the patient had to be taken off the drug. In future studies, the use of benzodiazepines (tranquilizers) to control agitation will be permitted." The FDA prohibits the use of tranquilizers in conjunction with Prozac in the clinical trials. The addictive tranquilizers, only to be taken for a brief period, masked Prozac's propensity to cause stimulation.[452]

Although Dr. J. Hillary Lee formerly worked for the FDA, she was still an FDA consultant and attended the meeting to present the efficacy of the antidepressant, fluoxetine hydrochloride, the only drug that the group would discuss that day and one that the FDA had briefly reviewed. The next day, the doctors were scheduled to discuss haloperidol. Dr. Leber, in behalf of the FDA, concluded that fluoxetine was a "reasonably safe antidepressant" but the FDA had not recommended that the FDA approve of the drug as the agency was still waiting for "evidence to be submitted regarding the dose-response relationship and the labeling of the product, a final safety update, and other matters that are yet to be determined."[453]

The FDA had issued guidelines on antidepressant drug products in 1977, based on the Federal Food, Drug and Cosmetic Act. The FDA had accepted some of the studies submitted by the drug companies for the two drugs that the advisory committee would be discussing during the hearing. He reminded the group that, in 1962, the law stated that the FDA should not approve of a drug if "there is a lack of substantial evidence that the drug will have the effect it purports or is represented to have, under the conditions of use prescribed, recommended or suggested in the proposed labeling." He also mentioned the "old efficacy," which is the need that the labeling of the drug should not be false or misleading

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451. Peter Breggin, The Antidepressant Fact Book: What Your Doctor Won't Tell You About Prozac, Zoloft, Paxil, Celexa, And Luvox, Da Capo Press, Cambridge, Massachusetts, Kindle, 2009, Locations 856–870.

452. Ibid., Locations 871–880.

453. Psychopharmacologic Drugs Advisory Committee, Twenty-eighth Meeting, Volume 1, October 10, 1985, http://www.healyprozac.com/PDAC/PDAC-Prozac.%20Oct%201985.pdf, viewed 8/12/2014.

in any particular, and if it is, "we shouldn't approve it."[454] Dr. Robert S. Mendelsohn wrote, "It doesn't make much sense to buy a drug when the manufacturer can't prove that it works."[455]

German drug regulators refused to license the drug when Lilly first applied in 1985, referring to the "suicidal risk." Research in the late 1980s, conducted by Eli Lilly, confirmed that Prozac may cause suicide. Yet, many doctors prescribed it to their patients supposedly to prevent depression and suicide. Lilly evaluated its clinical trials, which they claim involved more than three thousand patients. They published their results in the *British Medical Journal* (*BMJ*), alleging that there was no increased suicide risk. Yet, even within the article, it states that there were six suicides out of 1,765 patients on Prozac as opposed to one in the 569 patients on placebo.[456] The general public typically does not read medical journals.

In 1986, in the clinical trials, 12.5 patients out of 1,000 who were taking Prozac committed suicide as compared to only 3.8 patients who were taking the non-SSRI antidepressants and 2.5 patients who were taking a placebo. In 1995, in another trial for Prozac, the suicide rate would be six times higher. Package inserts mention suicide, but not all the other possible adverse reactions. Suicide was not on the insert for years even though Eli Lilly knew of the risk. On November 13, 1990, Claude Bouchy and Hans Weber, two employees of Lilly in Germany, sent a memo to the Drug Epidemiology Unit at the Eli Lilly headquarters as they were concerned about Lilly asking them to report that patient suicide attempts were accidental overdoses and that they were to record suicidal ideation as "depression."[457] Bouchy shared this memo with the author Joseph Glenmullen.[458]

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454. Ibid.

455. Robert S. Mendelsohn, MD, How to Raise a Healthy Child in Spite of your Doctor, Ballantine Books, New York, 1984, p. 115.

456. David Healy, Pharmageddon, University of California Press, Berkeley, Los Angeles, Kindle, 2012, pp. 210-213.

457. John Virapen, Side Effects: Death - Confessions of a Pharma-Insider, Virtualbookworm.com Publishing, College Station, Texas, Kindle, 2010, pp. 108–109.

458. Leah R. Garnett, Prozac Revisited: As Drug Gets Remade, Concerns about Suicides Surface, May 7, 2000, http://antidepressantadversereactions.com/articles/boston_globe_050700.php, viewed 8/13/2014.

Eventually, the FDA found out about Eli Lilly's deadly deceptions. Because the company had spent millions of dollars, it would be a "financial catastrophe" if the FDA failed to approve of Prozac, which was ineffective, without the use of a tranquilizer. The FDA, to rescue Eli Lilly, included those trials where the patients used tranquilizers and manipulated the statistical data regarding the drug's effectiveness, and "Prozac squeaked through." Though the FDA approved of Prozac, when used with addictive tranquilizers, no one informed the medical profession, the unsuspecting potential patients, or the public.[459]

Incredibly, the FDA approved of Prozac using only three cherry-picked favorable protocols, involving seventeen studies and several hundred patients. Dr. Breggin thoroughly examined each of the seventeen studies to determine exactly how many Prozac patients actually finished the four, five, or six-week trials. The total number of patients was (drumroll here) a paltry *286 patients.* Out of the thousands who initially offered to participate in the clinical trials, less than 300 patients completed the trial. Based on the conclusions of the predisposed questions of the doctors monitoring those patients, the FDA approved Prozac on December 29, 1987, for treating depression. The FDA provided its *Summary of Basis of Approval of Prozac* on October 3, 1988, using the fourteen protocols involving Lilly's submitted controlled studies. Anyone taking Prozac for more than a few weeks is actually participating in a continuous clinical trial due to the failure of the FDA to require legitimate reasonably timed trials that actually test long-term usage, effectiveness, and safety. No wonder the Germans thought the number of patients completing the trials was too small.[460]

In January 1988, the month that Eli Lilly introduced Prozac, people reported events "describing fluoxetine-induced violence against self and others." In May 1990, the FDA mandated that Eli Lilly add "suicidal ideation" and "violent behaviors" to the *Post-introduction Reports* section of its label. Antidepressants and other psychiatric drugs can contribute to marital conflicts, manic-like thoughts, paranoia, violent impulses,

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459. Peter Breggin, The Antidepressant Fact Book: What Your Doctor Won't Tell You About Prozac, Zoloft, Paxil, Celexa, And Luvox, Da Capo Press, Cambridge, Massachusetts, Kindle, 2009, Locations 884–893.

460. Peter R. Breggin, Ginger Ross Breggin, Talking Back to Prozac: What Doctors Won't Tell You about Prozac and the Newer Antidepressants, Open Road Media, New York, Kindle, 2014, Locations 1071–1077.

and abnormal, irrational, bizarre, and destructive behavior.[461] All antidepressants, including the SSRIs, can cause mania. It has been fully documented that Prozac can cause mania in patients who have previously never experienced or had any tendencies toward mania. According to the APA's *DSM-IV* (1994), "Symptoms like those seen in a Manic Episode may also be precipitated by antidepressant treatment such as medication." The *DSM* clarifies that mania is frequently associated with violence and other criminal acts. The psychotic behavior can be "goal-directed." It states that patients often display "irritability, particularly when the person's wishes are thwarted."[462]

By 1994, the FDA revealed that out of fifty-four million people worldwide who took Prozac, it had received 30,000 adverse event reports, including more than 1,700 deaths. Out of those deaths, 1,100 committed suicide while another 1,900 attempted suicide. Almost 10 percent of the total adverse drug events (ADEs) from those taking Prozac were suicides and suicide attempts. In spite of those 30,000 reports, the FDA did not demand "black box" warnings on Prozac or other antidepressants for thirteen years.[463] The FDA has repeatedly failed to withdraw the SSRIs after hundreds of adverse effects and suicides. In 1998, the FDA commissioned a survey that discovered that doctors had prescribed Prozac for infants 3,000 times.

In 1985, American sales of antidepressants and antipsychotics had totaled $503 million. In 1987, Eli Lilly had $2.3 billion in its pharmaceutical division. In January 1988, Eli Lilly began selling Prozac. By 1992, it was the company's first billion-dollar drug. By 1998, Zyprexa was Eli Lilly's second billion-dollar drug. By 2000, Eli Lilly was bringing in revenues of $10.8 billion just on those two drugs. In 2008, the sales of antidepressants and antipsychotics would total $24.2 billion, almost fifty times greater. Antipsychotics even outsold cholesterol-lowering medications. Worldwide sales of all psychotropic drugs reached $40

461. Peter Breggin, *The Antidepressant Fact Book: What Your Doctor Won't Tell You About Prozac, Zoloft, Paxil, Celexa, And Luvox,* Da Capo Press, Cambridge, Massachusetts, Kindle, 2009, Locations 1637–1645.

462. Ibid, Locations 1665–1671.

463. Kelly Patricia O'Meara *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill,* AuthorHouse, Bloomington, Indiana, Kindle, 2006, Locations 3758–3760.

billion.[464] In 1999, Prozac produced one-quarter of the company's $10 billion in revenue. In the United States, Prozac, Zoloft, and Paxil have sales surpassing $4 billion per year. In 2000, Eli Lilly claimed that thirty-five million worldwide had taken Prozac, their blockbuster drug.[465]

Dr. Peter R. Breggin, frequently an expert consultant in various court cases on issues dealing with the SSRI class of drugs, including Prozac, Zoloft, Paxil, Celexa, and Luvox, maintains that they cause violence, suicide, and psychosis. Even the FDA admits that people were reporting a disproportionately high rate of violence with Prozac.[466] Breggin, in his clinical experience, suggests that Paxil is most often implicated in acts of violence and suicide.[467] People erroneously believe that psychiatric drugs are safe, yet many people become suicidal, aggressive, and out of control and never realize it was or is caused by the drugs.[468]

Substance-induced mood disorder is an official diagnosis (292.84) in the APA's *DSM-IV-TR* in 2000. As Dr. Breggin wrote in his report to the court, "This is a genuine central nervous system neurological disorder caused by drug-induced disruption of neurotransmitter systems."[469]

The FDA approved Paxil for the treatment of "social anxiety disorder," a supposedly incapacitating form of shyness.[470] Bioethicist Carl Elliott said, "The way to sell drugs is to sell psychiatric illness. If you are Paxil and you are the only manufacturer who has the drug for social anxiety disorder, it's in your interest to broaden the category as far as possible and make the borders as fuzzy as possible." Barry Brand, Paxil's product director, told the journal *Advertising Age*, "Every marketer's

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464 Robert Whitaker, *Anatomy of an Epidemic, Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, Broadway Books, New York, Kindle, 2010, pp. 318–321.

465 Peter Breggin, *The Antidepressant Fact Book: What Your Doctor Won't Tell You About Prozac, Zoloft, Paxil, Celexa, And Luvox*, Da Capo Press, Cambridge, Massachusetts, Kindle, 2009, Locations 69–75.

466. Ibid., Locations 127–128, 166–167.

467. Peter R. Breggin, Medication Madness: A Psychiatrist Exposes the Dangers of Mood-Altering Medications, St. Martin's Press, New York, Kindle, 2009, Locations 243–244.

468. Ibid., p. 1.

469. Ibid, Locations 357–359.

470. Marcia Angell, The Truth about the Drug Companies, How they Deceive us and What to do about it, Random House Publishing Group, New York, Kindle, 2004, Locations 1161–1162.

dream is to find an unidentified or unknown market and develop it. That's what we were able to do with social anxiety disorder."[471]

In August 2001, Eli Lilly lost its US patent protection for Prozac; and in January 2002, the Supreme Court rejected Lilly's final appeal, a decision that allows other companies to make generic versions of the drug. Currently, there are twenty companies that make a generic version. Prozac, America's "lifestyle drug,"[472] now rebranded as Sarafem in the United States, has given rise to a number of comparably functioning therapies for the treatment of clinical depression and other central nervous system disorders, such as obsessive compulsive disorder, bulimia nervosa, and panic disorders.

Pharmaceutical companies make even more money by promoting the off-label prescribing of drugs, at frequently higher doses. This is incredibly dangerous for people residing in a nursing home as older people do not metabolize drugs as quickly as they do when they were younger. Almost 2.5 million Medicaid patients in nursing homes, according to a report published on June 13, 2005, in the *Archives of Internal Medicine*, receive unnecessary antipsychotic prescriptions in doses that are more than 50 percent of the maximum recommended dosage.[473]

Other drug makers who produce SSRIs such as Paxil, Prozac (1987), Zoloft (1992), Celexa, and Luvox began marketing their FDA-approved antidepressants to treat new diagnosis. Instead of developing a new drug and going through clinical trials, the companies encourage, through their sales reps (drug detailers), that physicians write prescriptions for off-label health issues. The sales of antidepressants increased eight times between 1990 and 2000. Doctors typically encourage medication instead of psychotherapy and see more patients per day. Robert L. Spitzer, a recipient of numerous industry grants, headed the committee that decided to add GAD to the *DSM* in 1980. In 1998, SmithKline applied for FDA approval of Paxil for social anxiety disorder (SAD), also found in the *DSM*, which the FDA considers "sufficient proof that a disease

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471. Ibid., Locations 1163–1168.

472. John Virapen, Side Effects: Death - Confessions of a Pharma-Insider, Virtualbookworm.com Publishing, College Station, Texas, Kindle, 2010, p. 106.

473. Evelyn Pringle, *Bush's Mental Illness Screening Squad on the Move*, July 9, 2006, http://www.lawyersandsettlements.com/articles/drugs-medical/pharma_business-00236.html, viewed 4/29/2014.

actually exists." The FDA, instead of requiring new drug studies, often accepts previously approved drugs without further testing for the new "disease," which the drug makers persuasively promote.[474]

Doctors are prescribing more off-label psychiatric drugs for children. On April 24, 2005, the *Columbus Dispatch* reported that doctors prescribed psychotropic drugs for 40,000 Medicaid-covered children aged six to eighteen. Thirty-one percent of these children were in foster care while 22 percent were in juvenile detention. In 2003, Medicaid, fraught with fraud,[475] spent $65.5 million for psychiatric drugs for children. The FDA confirmed that doctors wrote eleven million prescriptions for individuals under the age of nineteen, an increase of 27 percent in three years. In 2003, according to Medco Health Solution, a mail-order drug company, doctors increased prescriptions for ADHD drugs in the five- to nine-year-old group by 85 percent. For preschool children, the use of ADHD drugs increased by 49 percent. By 2004, according to NDC Health Corp, the sales of psychiatric drugs amounted to $26.7 billion.[476]

In 2009, Eli Lilly paid $1.4 billion for the off-label promotion of Zyprexa. Likewise, Pfizer paid $2.3 billion for the promotion of Geodon and other drugs. In 2010, Astra-Zeneca paid $520 million for the off-label promotion of Seroquel for children while Forest Laboratories paid $309 million for the illegal off-label promotion of Lexapro and Celexa in children. Financial penalties have not curtailed the drug industry's aggressive criminal promotions; it is simply the cost of doing business. These fines satisfy their liability for these crimes. Psychiatrists and other prescribers continue to prescribe these drugs for children, especially those in the Medicaid system, which keeps paying the claims.[477]

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474. Brendan I Koerner, *First, you market the disease... then you push the pills to treat it, on the ugly truth about doctors*, PR firms and drug companies, The Guardian, July 30, 2002, http://www.theguardian.com/news/2002/jul/30/medicineandhealth, viewed 5/14/2014.

475. Fraud: http://psychrights.org/education/ModelQuiTam/ModelQuiTam.htm, viewed 6/30/2014.

476. Evelyn Pringle, *Bush's Mental Illness Screening Squad on the Move*, July 9, 2006, http://www.lawyersandsettlements.com/articles/drugs-medical/pharma_business-00236.html, viewed 4/29/2014

477. PsychRights' Medicaid Fraud Initiative Against Psychiatric Drugging of Children & Youth, http://psychrights.org/education/ModelQuiTam/ModelQuiTam.htm, viewed 4/30/2014.

Dr. Beth McDougall said, "What ends up happening is that someone feels good for a while and then very often they have to have their dose increased. And then they feel good for a while and then they might have to have it increased again, or maybe they'll switch agents. So it's that kind of a story, if you're not actually getting to the root of what's going on."[478]

Brand Names (Generic Names)

SSRIs(Selective Serotonin Reuptake Inhibitors)
Akarin (citalopram), Apo-Sertral (sertraline), Aropax (paroxetine), Asentra (sertraline), Celexa (citalopram), Cipralex (escitalopram), Cipram (citalopram), Cipramil (citalopram), Citopam (citalopram), Deroxat (paroxetine), Dumyrox (fluvoxamine), Eufor (fluoxetine), Faverin (fluvoxamine), Floxyfral (fluvoxamine), Fluctine (fluoxetine), Fluocim (fluoxetine), Fluox (fluoxetine), Fluvox (fluvoxamine), Gladem (sertraline), Ladose (fluoxetine), Lexapro (escitalopram oxalate), Lovan (fluoxetine), Lustral (sertraline), Luvox (fluvoxamine), Paroxat (paroxetine), Paxil (paroxetine), Pexeva (paroxetine), Prisdal (citalopram), Prozac (fluoxetine hydrochloride), Psiquial (fluoxetine), Sarafem (fluoxetine hydrochloride), Sercerin (sertraline), Serlift (sertraline), Seroplex (escitalopram), Seroplexa (escitalopram), Seropram (paroxetine), Seroxat (paroxetine), Sipralexa (escitalopram), Tolrest (sertraline), Veritina (fluoxetine), Xydep (sertraline), and Zoloft (sertraline hydrochloride).[479]

SNRIs (Serotonin-Norepinephrine Reuptake Inhibitors)
Ariclaim (duloxetine), Cymbalta (duloxetine), Dalcipran (milnacipran), Dobupal (venlafaxine), Efectin (venlafaxine), Effexor (venlafaxine), Ixel (milnacipran), Pristiq (desvenlafaxine), and Yentreve (duloxetine)[480]

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478. Antidepressants, the Facts about the Effects, CCHR, pp.12-13 http://www.cchr.org/sites/default/files/education/anti-depressants-booklet.pdf, viewed 5/20/2014.

479. Antidepressants, the Facts about the Effects, CCHR, pp.10-11 http://www.cchr.org/sites/default/files/education/anti-depressants-booklet.pdf, viewed 5/20/2014.

480. Antidepressants, the Facts about the Effects, CCHR, pp.10-11 http://www.cchr.org/sites/default/files/education/anti-depressants-booklet.pdf, viewed 5/20/2014.

Atypical Antipsychotic Drugs Information

Aripiprazole (marketed as Abilify), Asenapine Maleate (marketed as Saphris), Clozapine (marketed as Clozaril), Iloperidone (marketed as Fanapt), Lurasidone (marketed as Latuda), Olanzapine (marketed as Zyprexa), Olanzapine/Fluoxetine (marketed as Symbyax), Paliperidone (marketed as Invega), Quetiapine (marketed as Seroquel), Risperidone (marketed as Risperdal), and Ziprasidone (marketed as Geodon)[481]

On September 23, 2004, Dr. Robert Temple, director, Office of Medical Policy for the Center for Drug Evaluation and Research (CDER) at the FDA, talked to a Senate subcommittee during which he stated, "Older medications," he claimed, "are of limited value in the pediatric population because of serious, potentially life-threatening adverse events. Newer medications, such as the selective serotonin reuptake inhibitors (SSRIs), have fewer side effects than the older drugs, making it easier for people to continue treatment. They have become very widely used to treat depression, especially in the pediatric population. The FDA approved Prozac, the first SSRI for adults, in December 1987, and for children in January 2003."[482]

SSRI side effects: abdominal pain, akathisia, all-over body pain, anxiety, decreased sex drive, diarrhea, dizziness, drowsiness, dry mouth, ejaculation problems, emotional numbness, fatigue, flu-like symptoms, headache, hot flashes, impotence, indigestion, insomnia, irritability, loss of appetite, nausea, neck/jaw pain, nervousness, numbness, pins and needles feeling, rapid heartbeat, shakiness (tremors), slow heartbeat, suicide, sweating, tiredness/lack of energy, weakness, weight gain, and yawning.[483]

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481. U.S. Food and Drug Administration, http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm094303.htm, viewed 5/20/2014.

482. Anti-depressant Drug Use in Pediatric Populations, Statement of Robert Temple, M.D., Director, Office of Medical Policy, before the Senate Subcommittee on Oversight and Investigations, Committee on Energy and Commerce, September 23, 2004, http://www.fda.gov/NewsEvents/Testimony/ucm113265.htm, viewed 6/28/2014.

483. Antidepressants, the Facts about the Effects, CCHR, p.14 http://www.cchr.org/sites/default/files/education/anti-depressants-booklet.pdf, viewed 5/20/2014.

Both Prozac (fluoxetine) and Paxil (paroxetine) contain fluorine and chloride and are drugs that are designed to inhibit the reuptake of serotonin (SSRI), which interferes with the biological actions of serotonin, a neurotransmitter. In these drugs, fluoride or 4-fluorophenyl, a compound, is an active ingredient in both Paxil and Prozac. That same compound is in some pesticides and other products. Fluorophenyl compounds alter the thyroid hormone activity and the liver in numerous ways. Patients who take paroxetine experience a reduction in the T4 level. In animal studies, there is a reduction in both the T4 and T3 levels. In the 1930s, researchers discovered that fluoride compounds, both organic and inorganic, including sodium fluoride, obstruct proper thyroid function. Thus, for many years, doctors used fluoride compounds to treat hyperthyroidism.[484]

Because of their addictive characteristics, individuals taking SSRIs need to gradually withdraw from them due to the effects they have on the thyroid hormone system. Breastfed infants of mothers who take Prozac often experience decreased development compared to infants whose mothers do not take Prozac, a drug that may also contribute to hepatitis by causing the liver to dysfunction. It may also cause hyperthyroidism and visual hallucinations, such as moving images such as frightening flying or swarming translucent insects.[485] In America, in 2007, health care professionals wrote more than 22.2 million prescriptions for generic fluoxetine, the third most-prescribed antidepressant.

Using the FDA's Adverse Event Reporting System (AERS) data, Thomas J. Moore, Joseph Glenmullen, and Curt D. Furberg extracted all the "serious adverse event reports" for drugs with 200 or more cases received from 2004 through September 2009 (sixty-nine months), covering 780,169 serious adverse-events reports of all kinds. They identified the events that indicated homicide (387), homicidal ideation (896), physical assault (404), physical abuse (27), or violence-related symptoms (223), which totaled 1,937 cases of violence disproportionally associated with thirty-one drugs. The patients were 41 percent female and 59 percent male. The top ten are as follows:

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484. Prozac/Paxil Facts, http://antidepressantsfacts.com/2003-08-Prozac-Paxil-Fluorophenyl.htm, viewed 8/19/2014.

485. Ibid.

1. Varenicline (Chantix): The number one violence-inducing drug on the list, this anti-smoking medication is eighteen times more likely to be linked with violence when compared to other drugs.
2. Fluoxetine (Prozac): This drug was the first well-known SSRI antidepressant.
3. Paroxetine (Paxil): An SSRI antidepressant is linked with severe withdrawal symptoms and a risk of birth defects.
4. Amphetamines (various brand names): Used to treat ADHD.
5. Mefoquine (Lariam): A treatment for malaria, which is often linked with reports of strange behavior.
6. Atomoxetine (Strattera): An ADHD drug that affects the neurotransmitter noradrenaline.
7. Triazolam (Halcion): This potentially addictive drug is used to treat insomnia.
8. Fluvoxamine (Luvox): Another SSRI antidepressant.
9. Venlafaxine (Effexor): An antidepressant also used to treat anxiety disorders.
10. Desvenlafaxine (Pristiq): An antidepressant that affects both serotonin and noradrenaline.[486]

Dr. David Healy obtained statistics about Prozac directly from Eli Lilly and from independent research, he estimated that, "probably 50,000 people have committed suicide on Prozac since its launch, over and above the number who would have done so if left untreated."[487]

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486. Thomas J. Moore, Joseph Glenmullen, Curt D. Furberg, Editor: Joseph S. Ross, Prescription Drugs Associated with Reports of Violence Towards Others, December 15, 2010, http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0015337#pone-0015337-t001__/, viewed 7/24/2014.

487. Leah R. Garnett, Prozac Revisited: As Drug Gets Remade, Concerns about Suicides Surface, May 7, 2000, http://antidepressantadversereactions.com/articles/boston_globe_050700.php, viewed 8/13/2014.

Prozac on Trial, 1991

Soon after Eli Lilly introduced Prozac, there were numerous incidences of violence perpetrated by people who were taking Prozac. The Joseph Wesbecker shooting of former coworkers on September 14, 1989, and the media coverage of numerous other Prozac-related violent incidents motivated the FDA to ultimately convene a hearing in 1991.[488] By 1990, people had already filed lawsuits against Eli Lilly over Prozac and its link to suicide. Eli Lilly hid the evidence regarding suicide risk until Dr. Martin H. Teicher, a Harvard psychiatrist, divulged it to the press and in his report. He stated that the drug industry was treating the American people like guinea pigs in a massive pharmaceutical experiment, but Eli Lilly denied the fact that internal documents showed a link between Prozac and suicide.

In February 1990, the *American Journal of Psychiatry* published the Teicher, Glod, and Cole report, *Emergence of Intense Suicidal Preoccupation during Fluoxetine Treatment*, written by two Harvard psychiatrists, Teicher and Jonathan Cole, and a nurse, Carol Glod. They submitted it to the peer-reviewed journal on July 26, 1989. The report related the experience of six adult Prozac-treated patients. Case no. 1 endured "obsessional suicidal thoughts" and "significant anxiety, fear, and turbulence," and she felt that "death would be a welcome result." She also felt like "jumping out of her skin." Case no. 2 experienced "anxious unproductive energy, nausea, and severe loss of appetite, abulia (lack of initiative), constant suicidal preoccupation, violent self-destructive fantasies, and a resignation to the inevitability of suicide." Case no. 3 experienced "hypersomnia, poor concentration, diurnal

488. Peter R. Breggin, Ginger Ross Breggin, Talking Back to Prozac: What Doctors Won't Tell You about Prozac and the Newer Antidepressants, Open Road Media, New York, Kindle, 2014, Locations 2389-2408.

variation, anhedonia, anergy (immune unresponsiveness), fatigue, extreme suicidality, suicidal ideation, and self-mutilation."[489]

Case no. 4 experienced "extreme fatigue, persistent negativity, and intense suicidal ideation." The report stated, "For the first time, she contemplated obtaining a gun to commit suicide . . . she developed a strong desire to drink." As treatment progressed, she had "severe suicidal ruminations, dissociative feelings, and the belief that she could not fight or control her suicidal impulses. She believed that fluoxetine would enable her to successfully commit suicide, and she hid this information from others." Case no. 5 experienced depression, apathy, fatigue, and hyper-somnolence. "Suicidal thoughts reemerged after years of their absence . . . the suicidal ideation worsened and she began to fantasize about purchasing a gun for the first time." She continued to have "severe obsessive suicidal thoughts." In contrast to her past experience with suicidal feelings, "she now embraced these impulses and hid them from the clinicians." Case no. 6 experienced "anxiety, dissociation, lethargy, and incapacity." They withdrew fluoxetine, but "she remained depressed, anxious, and intensely suicidal for 1 month after fluoxetine treatment was abandoned. The severity of her self-destructive thoughts and her need to act on them then abated."[490]

Teicher, Cole, and Glod emphasized that there was no "evidence that strong preexisting self-destructive urges were activated and energized by fluoxetine." None of the patients were "actively suicidal at the time fluoxetine treatment began." They felt "hopeful and optimistic, and the strong obsessive suicidal thoughts apparently emerged de novo after weeks or months of treatment." In cases 2, 4, 5, and 6, "detachment" accompanied the suicidal thoughts. In cases 4 and 5, they attempted "to conceal their suicidal feelings and impulses and to continue fluoxetine treatment, believing that the drug would eventually enable them to successfully kill themselves!"[491]

Various individuals have written about the potentiality of "serotonin in violence, suicide, and obsessive behavior and fluoxetine is known to be

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489 Martin H. Teicher, Carol Glod, and Jonathan O. Cole, *Emergence of Intense Suicidal Preoccupation During Fluoxetine Treatment, American Journal of Psychiatry*, pp. 207-210, http://www.baumhedlundlaw.com/10.pdf, viewed 8/13/2014.

490. Ibid

491. Ibid.

a potent and selective serotonergic uptake inhibitor." During this study, Teicher, Cole and Glod witnessed the "emergence of intense, obsessive, and violent suicidal thoughts in these patients . . . that seemed recurrent, persistent, and intrusive . . . and without reason but were the patients' own thoughts." Remarkably, "two patients fantasized, for the first time, about killing themselves with a gun (cases 4 and 5), and one patient (case 6) actually placed a loaded gun to her head. Medical workers had to physically restrain one patient (case 3) to prevent self-mutilation."[492]

Teicher, Glod, and Cole concluded that from 1.9 and 7.7 percent of those taking Prozac would be subjected to "obsessive or violent suicidal thoughts." Cole was speaking from the vantage point of having been a clinical investigator for Eli Lilly in the clinical trials of Prozac. Despite the mounting evidence, others, including Richard Miller, a Hartford, Connecticut, psychiatrist, argued, "Fluoxetine is a revolutionary antidepressant with many effective uses. Its relative lack of side effects is impressive." Psychiatrist Gary Tollefson, in his letter to the *American Journal of Psychiatry*, warned that Teicher's article "may introduce a medical-legal precedent." He failed to mention that he worked for Eli Lilly. Teicher, Glod, and Cole responded that he seemed more concerned about the medical-legal interests than about patient care and safety.[493]

After Teicher's publication of the results of a set of clinical cases that stated that within days of taking Prozac, there were some patients who became agitated and suicidal. If the individual increased his or her dose, the agitation increased. If the patient stopped taking Prozac, the negative effects stopped but returned if he or she resumed the treatment.[494]

On May 29, 1990, the FDA requested that "suicidal ideation" and "violent behaviors" be added to the official Prozac label under "Postintroduction Reports." The PDR added those warnings in 1991 but stated that there was no "causal relationship" between the behaviors and Prozac. The FDA convened the public hearing to determine the possibility that Prozac causes violence and suicide. In May 1991, the Public Citizen Health Research Group, alarmed by Teicher's findings,

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492. Ibid.

493. Peter R. Breggin, Ginger Ross Breggin, Talking Back to Prozac: What Doctors Won't Tell You about Prozac and the Newer Antidepressants, Open Road Media, New York, Kindle, 2014, Locations 2504–2523.

494. David Healy, Pharmageddon, University of California Press, Berkeley, Los Angeles, Kindle, 2012, pp. 210–213.

requested that the FDA add a warning to the Prozac label. The FDA declined despite the fact that some people "experienced intense, violent, suicidal thoughts, agitation, and impulsivity after starting treatment with the drug."[495]

In 1991, although Eli Lilly had altered the package insert and the Physician's Desk Reference (PDR), Lilly stated that Prozac might cause "suicidal ideation" and "violent behavior." This did not imply that Lilly admitted a "causal relationship between the drug and these behaviors." There were numerous accounts of murder and suicide including Joe and Teresa Graedon's syndicated report, on August 10, 1990, in *The People's Pharmacy*, of fifteen people who attempted or succeeded in committing suicide while on Prozac. On April 22, 1991, the Graedons reported, "Since then (their first report) we have received dozens of letters from people who believe Prozac in some way contributed to severe anxiety, violent behavior or a preoccupation with suicide. Eli Lilly steadfastly maintains that Prozac is not responsible. But we are concerned." By late 1992, there would be 170 lawsuits filed against Eli Lilly, and many people had successfully used the "Prozac defense."[496] On August 31, 1990, Eli Lilly sent out a Dear Doctor letter to neutralize the many reports about Prozac's propensity to initiate and increase suicidality.

According to one former FDA employee, by early 1991, family members and others had reported 350 suicides to the FDA of individuals who were taking Prozac. This did not include those individuals who committed suicide while participating in the clinical trial. FDA officials apparently did not take this statistic seriously or it would never have totaled that many victims. They disregarded the reports as "anecdotal and sensational."[497]

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495. Peter R. Breggin, Ginger Ross Breggin, Talking Back to Prozac: What Doctors Won't Tell You about Prozac and the Newer Antidepressants, Open Road Media, New York, Kindle, 2014, Locations 2545–2555.

496. Peter R. Breggin, Ginger Ross Breggin, Talking Back to Prozac: What Doctors Won't Tell You about Prozac and the Newer Antidepressants, Open Road Media, New York, Kindle, 2014, Locations 2389-2408, 2446-2465

497. Rob Waters, A Suicide Side Effect? What parents aren't being told about their kids' antidepressants, San Francisco Chronicle, January 4, 2004, http://psychrights.org/Research/Digest/AntiDepressants/SuicideSideEffect.htm, viewed 8/8/2014

People, who had never exhibited any violence, but while taking Prozac, had changed and they had murdered their spouses, their fathers, and their coworkers. One seventy-six-year-old patient being treated for depression became "increasingly irritable, anxiety-ridden and delusional during over the almost four weeks that she took Prozac. She shot her husband while he slept. Family and friends of those on Prozac noticed conspicuous personality changes, such as "distraction, extreme agitation, restlessness, insomnia, homicidal ideation and actions." One woman deliberately ran down and killed a child while another woman axed her husband to death then set him afire and then shot herself in the head. A university professor viciously and repeatedly bit her elderly mother after she had been on Prozac for two weeks.[498]

Unfortunately, when a patient begins experiencing side effects, his or her psychiatrist will increase the dosage and attribute the side effects to the alleged mental disorder. A resentful employee, a "manic depressive," had been on Prozac for one week when he lit fire to the facility where he worked, injuring twenty-one people. Road rage incidents increased, many involving Prozac, and in one case, in the first two years after the drug's introduction, one man shot at another man after running his car into another man's car. One woman shot the doctor who prescribed Prozac for her. There were numerous stories of suicide in the media as well as a number of murders associated with Prozac. One young woman on Prozac lit herself afire and perished. Many people filed lawsuits against Eli Lilly, including a lawyer whose wife committed suicide while taking Prozac.[499]

People who killed themselves or others while taking Prozac in 1991 include the following: a fifteen-year-old who shot himself in the head, a mother of two who hung herself using a belt, a depressed woman who became hostile and committed suicide, a former sheriff's deputy who murdered his wife and then committed suicide himself, a woman who shot her baby in the head "several times" then killed herself after discontinuing Prozac, a pathologist who shot his wife and then killed himself. In addition to the many murders and suicides, there were

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498. Peter R. Breggin, Ginger Ross Breggin, Talking Back to Prozac: What Doctors Won't Tell You about Prozac and the Newer Antidepressants, Open Road Media, New York, Kindle, 2014, Locations 2409-2428

499. Ibid, Locations 2428-2446

numerous people who uncharacteristically robbed banks or stores, embezzled money, or committed fraud, all while taking Prozac.[500]

In March 1991, Dr. Robert A. King, who would later treat Adam Lanza who engaged in obsessive-compulsive disorder (OCD) behaviors, and a team from the Yale University School of Medicine issued a report, *Emergence of Self-Destructive Phenomena in Children and Adolescents during Fluoxetine Treatment* (*Journal of the American Academy of Child and Adolescent Psychiatry* 1991:30(2):179–86). King reported that 14 percent of the children and adolescents (ten to seventeen years old) who took Prozac for the first time experienced the self-destructive phenomena after taking the drug for OCD. This may also be applicable to other SSRIs. Dr. Hisako Koizumi tells of a thirteen-year-old boy on Prozac, who was "full of energy" and "hyperactive," childhood characteristics that suddenly devolved into violent actions that were "totally unlike him."[501] Obviously, doctors had prescribed Prozac for children off-label as the FDA did not approve it for children until January 2003, as previously noted.

Psychiatrist Mark Riddle and the Yale group published another study in the *Journal of Child and Adolescent Psychopharmacology* (1990–91) regarding their experience with a group of twenty-four children, ages eight to sixteen, most of whom they were treating for obsessive-compulsive symptoms. Out of those children, half of them suffered two or more behavioral side effects as a result of Prozac. Three of the children, diagnosed with ADHD, worsened on Prozac. The adverse effects consisted of restlessness, insomnia, social disinhibitions, impulsivity, agitation, or excessive energy and did not stop until the doctors discontinued or reduced the Prozac. Even then, people mistook the adverse effects with the children's initial complaints.[502]

In Dr. King's trials, after five weeks of starting treatment, one of the male patients had violent nightmares about killing his classmates. He

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500. Ibid., Locations 2446-2465.

501. Jon Rappoport, Prozac? Zoloft? Paxil? Did one of these drugs drive the Empire State shooter? August 25, 2012, http://www.naturalnews.com/036949_Empire_State_Building_shooting_psychiatric_drugs.html, Viewed 5/7/2014.

502. Peter R. Breggin, Ginger Ross Breggin, Talking Back to Prozac: What Doctors Won't Tell You about Prozac and the Newer Antidepressants, Open Road Media, New York, Kindle, 2014, Locations 2579-2585.

found it difficult to awaken. The doctors hospitalized him in order to withdraw him from Prozac. He later restarted Prozac, and his suicidal ideation returned. King described the "development of intense suicidal ideation in these patients on Prozac, which recurred on re-exposure to the drug." The subjects of this trial were all diagnosed and being treated for OCD. This is significant because Eli Lilly in a court case used the defense that "it was the disease depression, rather than Prozac, that was to blame for suicides."[503]

However, it would be another seventeen years before FDA officials would acknowledge that psychiatric drugs might cause dangerous effects.[504] This was one of the first studies suggesting a link between SSRIs and suicidal behavior in children. In one clinical trial of forty-seven patients, all being treated with Prozac for OCD, self-injury ideation appeared among six patients for the first time or intensified. Those conducting the study found it necessary to hospitalize four of the patients while they had to retrain and seclude three other patients.[505] Dr. King, a professor in the Child Study Center and of Psychiatry and the medical director of the Yale Child Study Center, Yale School of Medicine, is the author of numerous articles and a book including *Child and Adolescent Suicide* (2003).[506]

In 1991, Charles M. Beasley, in charge of the Prozac clinical trials and backed by Eli Lilly, wrote an article that the *British Medical Journal* published, along with articles by other "Lilly-only authors." Oddly, the article admitted that there was an increased suicide risk for those taking Prozac as compared to placebo. Despite this, people skewed the article and used it to claim that SSRIs were risk-free. The Beasley article

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503. David Healy, Let Them Eat Prozac, the Unhealthy Relationship between the Pharmaceutical Industry and Depression, New York University Press, New York, Kindle, 2004, pp. 51-52.

504. Gardiner Harris, FDA Requiring Suicide Studies in Drug Trials, The New York Times, January 24, 2008, http://www.nytimes.com/2008/01/24/washington/24fda.html?_r=0, viewed 5/8/2014.

505. Peter R. Breggin, Ginger Ross Breggin, Talking Back to Prozac: What Doctors Won't Tell You About Prozac and the Newer Antidepressants, Open Road Media, New York, Kindle, 2014, Locations 2574–2579.

506. Dr. Robert A. King, http://medicine.yale.edu/childstudy/faculty_people/robert_king-3.profile, viewed 5/8/2014.

appeared a week before the hearing on Prozac and suicide.[507] The FDA convened a hearing to investigate the allegations. Prior to the hearing, Lilly published reports claiming that Prozac was safe. Dr. Teicher said, "They culled patients from their worldwide trials, they cherry-picked the studies, leaving out the trials showing problems."[508]

On Friday, September 20, 1991, three years after Prozac hit the American market, the Psychopharmacological Drugs Advisory Committee (PDAC), the entity that had evaluated the drug in 1985, under the jurisdiction of the DHHS, the US Public Health Service and the FDA held a public hearing in Rockville, Maryland, to assess the increasing number of allegations about the harmful effects of these antidepressants. The FDA decided to conduct "a scientific investigation into suicidal ideation, suicidal acts, and other violent behavior reported to occur in association with the pharmacological treatment of depression."[509] Perhaps they were not invited; Dr. King and others did not have the opportunity to present their findings at the 1991 hearing.[510]

The FDA offered three-minute time slots for individuals and then for presentations on the "science" aspects of Prozac. Many wives and mothers testified about husbands and children who had been prescribed the drug for anxiety, weight loss, or smoking cessation, all unrelated to suicide. Yet those husbands and children had committed suicide.[511]

Dr. Casey questioned Lee Ann Westover (LeAnne), who testified that her husband, known professionally as Del Shannon, killed himself on February 8, 1990. His doctor prescribed Prozac for Charles Westover, which he had taken since January 24. His wife said that she was told that his death was "instantaneous," but she believed the problem began

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507. David Healy, *Pharmageddon*, University of California Press, Berkeley, Los Angeles, Kindle, 2012, pp. 120, 127.

508. Marilyn Elias, Psychiatrist: Company hid Prozac, suicide link, USA Today, January 6, 2005, http://usatoday30.usatoday.com/news/health/2005-01-05-prozac-usat_x.htm, viewed 5/8/2014.

509. Kelly Patricia O'Meara *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill*, AuthorHouse, Bloomington, Indiana, Kindle, 2006, Locations 185–191.

510. Peter R. Breggin, Ginger Ross Breggin, Talking Back to Prozac: What Doctors Won't Tell You About Prozac and the Newer Antidepressants, Open Road Media, New York, Kindle, 2014, Locations 2574–2579.

511. David Healy, Pharmageddon, University of California Press, Berkeley, Los Angeles, Kindle, 2012, pp. 210–213.

with his very first dose of Prozac. She said that her husband was involved with their family, other people, and his work. She said, "But within days after he started taking Prozac I noticed a personality change in him. He showed sign of restlessness, akathisia, agitation, pacing, and his appearance was very drawn. He developed severe insomnia, extreme fatigue, chills, racing heart, dry mouth, and upset stomach. His hands would shake uncontrollably at times. This really alarmed him. I would ask him what was wrong and his only reply was, 'I don't know, I don't know.'"[512] They did not, at the time, attribute it to the drug—after all, a doctor had prescribed this FDA-approved "medication."

"At this time, my husband's career was better than ever. He was just finishing a new album and was at his utmost creative peak. Many good changes were happening rapidly in his life. On January 24, due to these changes, he went to a doctor for counseling, as he was experiencing some stress. He was given Prozac. Two weeks later, I found him dead in our home. He told me, when he came home from the doctor, that he was given a new drug, 'It's not even a drug; it's a chemical, it's very safe. It's supposed to help me over the hump I'm in.' The drug was Prozac. Charles was very much against suicide. He counseled people against suicide. To him, and I quote, 'Suicide is a permanent solution to a temporary problem.'[513]

"I want you to know suicide was totally out of character for my husband. There was no note and no goodbye. The day he died, he had made appointments for the following afternoon and evening. He had booked future gigs. On February 8, my daughter and I were going to the market. He asked for some vitamins and other items that he wanted from the market. He kissed me, smiled, and we said, 'See you later.' There was absolutely no warning of suicide or anything violent. I know with absolute certainty that if Charles had any idea of the side effects of Prozac he would never have taken it. This drug is most assuredly responsible for any torment or suffering and the eventual suicide of my husband. I

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512. Department of Health and Human Services, Public Health Service, Food and Drug Administration Psychopharmacological Drugs, Advisory Committee, Friday, September 20, 1991, Rockville, Maryland, pp. 24–26 http://www.fda.gov/ohrms/dockets/ac/prozac/2443T1.PDF, viewed 5/8/2014.

513. Ibid.

want people to be aware of what can happen when you take the drug Prozac."[514]

One can witness the distress that Shannon was experiencing, those that his wife referred to that occurred during Shannon's last concert on February 3, 1990 in Fargo, North Dakota.[515] He was sensitive to the light, and he was sweating profusely. He killed himself five days later. He had some of the same issues that Adam Lanza seems to have suffered—possibly akathisia, agitation, and light sensitivity. Lanza also experienced profuse sweating after taking Lexapro.

Del Shannon had a sizeable fan base. There was not a lot of publicity about the details of his suicide. He and LeAnne had just moved into a $260,000 house on Saddleback Road in Canyon Country. Given the circumstances, had the media exposed them, there certainly would have been an outcry from his fans who would have clamored for an investigation into psychiatric drugs, particularly Prozac. One may compare Shannon's suicide with that of Robin Williams who hung himself with a belt. The media did publicize the drugs that Williams took.

Shannon's widow lacked the power and the influence to divulge her husband's drug-induced suicide. Formidable, prosperous special interests and their government and media cronies apparently marginalized, snubbed, and ignored her. Then and for years afterward, some people close to Shannon believe that he was murdered, possibly a distraction based on the fact that his friends knew that he would never have considered suicide.Now with the Internet, those very same, but now even more potent entities have a more difficult challenge with the deadly, probably drug-induced massacre of the innocents at Sandy Hook on December 14, 2012. Those special interests have taken a decidedly different track to marginalize and conceal the truth.

The committee listened and reflected on the testimonies and accounts of people who had lost family members due to suicide after taking Prozac or another SSRI and to the mental health "experts" who presented favorable data. They were also aware of all the thousands of adverse reaction reports. The ten-member committee, a consensus

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514. Ibid.

515. Del Shannon's last concert, http://www.youtube.com/watch?v=tLT9gpzLgNk, viewed 6/19/2014.

group that decided the fate of millions, voted 7–3 against including additional warnings on the package inserts and labels of the SSRI antidepressants. Not surprisingly, 50 percent of the illustrious panel was composed of people who had "professional and financial interests in the pharmaceutical companies that manufactured the very drugs the committee was investigating, and five of the seven votes made against a label change came from the experts with a conflict of interest."[516]

The physicians on the advisory panel were *not* seriously interested in investigating SSRIs and made certain that Eli Lilly representatives dominated the "scientific discussion" on fluoxetine and its claim that it was safe. The *Wall Street Journal* reported, according to the scientific data presented, that "fluoxetine doesn't lead to increased suicide or suicidal thinking, and, in fact, show that the drug helps alleviate these conditions." One Lilly supporter told the *Journal* that the hearing had been "organized and funded by an anti-psychiatric group," specifically the Scientologists who some people now viewed as "religious kooks" as opposed to "the nation's top scientists." It was a huge public relations victory for Eli Lilly. However, *Newsweek* encouraged its readers to challenge psychiatry's new guidelines.[517] Drs. Thomas P. Laughren and Paul Leber, along with Dr. Michael Bernstein, the executive secretary, was part of the FDA staff. FDA officials manipulated, probably using the Delphi Technique, directed, and divided the vote against revising the label to alert both doctors and patients about the terrible risks.[518]

Dr. Leber said, "The likelihood is that we will probably write a talk paper at some point on behalf of the agency which will probably say what is obvious from the votes that people reasonably remain concerned about the possibility that there are areas of information that we need that

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516. Kelly Patricia O'Meara *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill*, AuthorHouse, Bloomington, Indiana, Kindle, 2006, Locations 216–245.

517. Robert Whitaker, *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, Crown Publishing Group, New York, Kindle, 2010, pp. 294–295.

518. Department of Health and Human Services, Public Health Service, Food and Drug Administration Psychopharmacological Drugs, Advisory Committee, Friday, September 20, 1991, Rockville, Maryland, pp. 2–3, http://www.fda.gov/ohrms/dockets/ac/prozac/2443T1.PDF, viewed 5/8/2014.

we do not have and we will pursue things as we ordinarily do."[519] The FDA declared and announced that the agency had found "no credible evidence" that antidepressant drugs, especially Prozac, cause suicidal behavior.[520] The FDA never released whatever concerns that it had and the potential risks that Dr. Leber acknowledged during the advisory committee meeting. Doctors who function in government agencies, such as the FDA, frequently set standards based on their own financial connections within the pharmaceutical industry. The drug companies then use those alliances to control government policies geared in favor of the company's products.

It is a fact that Prozac patients were "at least three-fold more likely to develop new suicidal ideation" than individuals, whose doctors prescribed the older antidepressants, especially those who took Prozac for the first time. During the FDA hearings, Daniel Casey, committee chair, a psychiatrist and professor at the University of Oregon, refused to allow Teicher to present slides that confirmed his studies. Casey interjected "that there was no evidence that antidepressants could cause the emergence or intensification of suicidal or violent behaviors, and then he called for a committee vote." Leber, after hearing emotional witness testimonies, previously said that "there was insufficient evidence to conclude that Prozac was causing behavioral aberrations." The FDA panel of biased experts never allowed Teicher to show his slides.[521]

Bonnie Leitsch, director of the national Prozac Survivors Support Group, because of Dr. Peter R. Breggin's request, calculated the number of adverse events, suffered by 288 people, as reported to that organization in 1991–1992, most of which involved self-harm or violence against others. There were thirty-four completed suicides out of 164 incidents of suicide and suicide ideation, fourteen murders, nine attempted murders, thirty-nine violent events, fifty-four violent "preoccupations," and seventeen crimes. This was in addition to Prozac addiction and increased alcohol abuse while people were taking Prozac. Dr. Breggin states that "violence and murder are quite rare among depressed patients," meaning those who are not taking SSRIs. After the FDA approved Prozac, "a

519. Ibid.

520. Ibid.

521. Peter R. Breggin, Ginger Ross Breggin, Talking Back to Prozac: What Doctors Won't Tell You about Prozac and the Newer Antidepressants, Open Road Media, New York, Kindle, 2014, Locations 2523–2544.

variety of pharmaceutical and medical sources began to acknowledge suicide and/ or violence as potential problems from Prozac."[522]

In 1998, the *Journal of the American Medical Association* (*JAMA*) published a study indicating that 106,000 or about 300 each day, perished in American hospitals due to adverse drug reactions, the fourth leading cause of death in the nation. The *JAMA* study showed that 2,216,000 people experienced adverse effects in a hospital but survived. Those numbers do not reflect the number of adverse effects outside of a hospital. About eighty-five people died from faulty Firestone tires, a situation that provoked congressional hearings. The media focused on the Firestone failures for weeks. Major media attention and governmental scrutiny also occurs when there is a plane crash. Conversely, the media, which accrues millions of dollars from Big Pharma commercials, remains mute about medical casualties. Congress and drug-company-influenced government agencies have convened a few unpublicized hearings whose conclusions favor the drug manufacturers while marginalizing the victim's families and blaming the "disease."[523]

Agencies that should be protecting the population, such as the FDA, ignore or are too compromised by revolving-door relationships with the corporations to take appropriate action. So the people we would least expect, such as teenagers or young adults, who are taking psych drugs, become unlikely murderers. It is scientifically documented that these drugs cause mania, a condition that can erupt into violence. Mind-altering drugs have destroyed millions of lives and wreaked havoc on society in general.[524] However, from the FDA hearings on antidepressants in 1991 and 2004, the stories of drug-induced violence and suicide continue unabated. The government is fully aware of the catastrophic issue but is unresponsive to the concerns of the people in preference to the greed and objectives of the government/psychopharmaceutical/media

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522. Ibid., Locations 2492–2504.

523. Jay S. Cohen, *Over Dose, the Case against the Drug Companies, Prescription Drugs, Side Effects, and Your Health*, Penguin Putnam, New York, 2001, pp. 2–3.

524. Peter R. Breggin, Medication Madness: A Psychiatrist Exposes the Dangers of Mood-Altering Medications, St. Martin's Press, New York, Kindle, 2009, Locations 505–508.

complex with which it has a symbiotic relationship. The industry simply rejects the evidence that psychiatric drugs cause destructive ADRs.[525]

In April 1993, Teicher, Cole, and Glod published another report, *Antidepressant Drugs and the Emergence of Suicidal Tendencies*, in the journal *Drug Safety* to refute the claims that Drs. Maurizio Fava and Jerrold Rosenbaum of Massachusetts General Hospital made in March 1991 in the *Journal of Clinical Psychiatry*. Their study claimed there was no difference in "suicidal ideation in patients treated with fluoxetine compared to those receiving other antidepressants." The abstract says, "Although antidepressant medications represent the cornerstone of treatment for patients with moderate to severe clinical depression, they also carry serious risks. There is evidence which suggests that antidepressants can, in rare instances, induce or exacerbate suicidal tendencies. Nine clinical mechanisms have been proposed through which this may occur. These are: (a) energizing depressed patients to act on pre-existing suicidal ideation; (b) paradoxically worsening depression; (c) inducing akathisia with associated self-destructive or aggressive impulses; (d) inducing panic attacks; (e) switching patients into manic or mixed states; (f) producing severe insomnia or interfering with sleep architecture; (g) inducing an organic obsessional state; (h) producing an organic personality disorder with borderline features; and (i) exacerbating or inducing electroencephalogram (EEG) or other neurological disturbances."[526]

On May 22, 1995, in anticipation of the 2001 expiration of the original patent for Eli Lilly's Prozac, Martin H. Teicher, Timothy J. Barberich, and James W. Young filed a continuation of their initial patent for the new Prozac or R-fluoxetine (US Patent no. 5,708,035) Prozac. This patent application has valuable information about Lilly's Prozac. The new Prozac, according to the patent, "will reduce the side effects such as headaches, nervousness, anxiety, insomnia, inner restlessness (akathisia) suicidal thoughts and self-mutilation." The patent states, "The most frequent reported adverse effects associated with fluoxetine (original

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525. Ibid., Locations 825–828.

526. Martin H. Teicher, Carol A. Glod, Jonathan O. Cole, Antidepressant Drugs and the Emergence of Suicidal Tendencies, Drug Safety, Volume 8, Issue 3, pp. 186-212, http://www.researchgate.net/publication/14745972_Antidepressant_drugs_and_the_emergence_of_suicidal_tendencies, viewed 8/13/2014.

Prozac) are headaches, nervousness, anxiety and insomnia. These are reported by 10% to 15% of patients treated with fluoxetine . . . With regard to insomnia, often patients being treated with fluoxetine must be administered sleep medication such as benzodiazepine hypnotics or sedating antidepressants in the evening to counteract the insomnia. Furthermore, fluoxetine produces a state of inner restlessness (akathisia), which is one of its more significant side effects."[527]

The patent application also stated, "Pure R (-) fluoxetine functions as an effective antidepressant with a shorter half-life and shorter duration of action than the racemic mixture or the S (+) isomer of fluoxetine. Having a shorter half-life and shorter duration of action results in less accumulation of R (-) fluoxetine in a patient's body. This in turn results in decreased adverse effects including headaches, nervousness, anxiety, insomnia, inner restlessness (akathisia), nausea, diarrhea, drowsiness, decreased libido and/or sexual dysfunction, suicidal thoughts and self-mutilation."[528] Eli Lilly officials always maintained that akathisia, which often leads to suicidal thoughts and self-mutilation, does not occur.

There had been at over 200 lawsuits in the first decade following the introduction of Prozac. Lilly settled most of them out of court. Lilly has also "aggressively sought to discredit researchers," especially Dr. Teicher, who published data linking its product to suicide. Teicher, an associate professor of psychiatry at Harvard Medical School and a McLean Hospital researcher, discovered the "link between suicide and Prozac in 1990." He learned that 3.5 percent of patients taking Prozac either attempt or commit suicide due to akathisia. In an interview with the *Globe*, Teicher, standing by his original work, said that "the ability of Prozac to induce suicide in a minority of patients is a real phenomenon."[529]

On November 16, 1994, during the Fentress trial, Dr. Gary Tollefson, representing Eli Lilly, testified. The plaintiff's attorney asked Tollefson if he was aware of the issue regarding suicide raised by Dr. Teicher in 1990. Tollefson stated that "it was the first time that I was

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527. Patents, Methods of use and compositions of R(-) fluoxetine US 5708035 A, http://www.google.com/patents/US5708035, viewed 8/13/2014.

528. Ibid.

529. Leah R. Garnett, Prozac Revisited: As Drug Gets Remade, Concerns about Suicides Surface, May 7, 2000, http://antidepressantadversereactions.com/articles/boston_globe_050700.php, viewed 8/13/2014.

aware of the issue having arisen at that time." Tollefson was then asked if he was aware of Germany's BGA raising the suicide issue in 1984, and he said that he heard that the BGA did raise the issue but that he had never seen the actual document and was not aware of it in 1984. Lilly had hired experts in 1985/1986 to look at the increased Prozac-associated suicide risk. He was aware of the problem before 1991and prior to Teicher's article. He admitted that Lilly actually conducted "a very thorough and comprehensive analysis of the worldwide data on suicide and Prozac." He said he was "personally aware of the analyses of the depression studies both from the U. S. and those conducted overseas," which were published in the British medical journal.[530]

The plaintiff's attorney asked Tollefson again if he had disclosed the Prozac suicide risk information to the PDAC. He responded that officials never asked him that question so he did not volunteer any data about it. The attorney then asked him if he didn't think it was important to disclose the fact that Lilly knew that Prozac caused suicide ideation. The GBA also included a package insert warning of suicidality and the recommendation of the use of a sedative at that time. The lawyer pointed out that Tollefson had presented glowing information about Prozac at the 1991 meeting for almost an hour but did not mention that this wonderful drug was capable of causing anyone who took it to commit suicide or engage in violent-aggressive behavior. Tollefson said, "That was not one of the points of discussion . . . I did not feel there would be any reason." Tollefson had testified at a PDAC hearing in September 1991 yet withheld the fact that the BGA had raised the suicide risk issue in 1984/1985.[531]

Because of the suicides and acts of violence committed by people on Prozac, victims and their families sought justice against Eli Lilly. There was a verdict in only one case, the Forsyth family in early 1999. Lilly, who always blames the disease, usually settles out of court in order to conceal incriminating evidence of the dangers of Prozac. Lilly won the case even though internal documents showed that Lilly knew twenty

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530. Dr. Gary Tollefson, Lilly Representative, Fentress v. Shea et al., Case No. 90-CI-06033, November 16, 1994, Tollefson testified at the September 1991PDAC but withheld the fact that the suicide issue had been raised by the German government in 1984/1985, http://www.baumhedlundlaw.com/11.pdf, viewed 8/14/2014.

531. Ibid.

years before, by 1979, that Prozac causes such heightened agitation in some people that it can "trigger in them an unstoppable urge to commit suicide or murder."[532] In America, there exists a "no win, no fee" policy that means that when a plaintiff loses, the attorney's firm relinquishes whatever money it has invested in the preparation of the case. It takes approximately $250,000 to take an SSRI case to trial.[533]

Eli Lilly secretly settled the Joseph Wesbecker case during the trial without letting the judge or the jury know. The plaintiffs accepted a huge settlement and then they manipulated the evidence and presented their case in such a way that the jury predictably awarded a victory to Eli Lilly. Following the trial, Judge John Potter discovered the legal maneuvers and altered the verdict from "dismissed without prejudice by the jury" to "settled with prejudice."[534] The Kentucky Supreme Court decided that Lilly had manipulated the legal system and may have committed "fraud." Yet, Lilly claims a victory in the case. Lilly defends Prozac and refers to the case as verification that Prozac was not culpable. Lilly, who usually settles out of court, has been involved in dozens of court cases where victims blame Prozac for causing violence or suicide. [535]

Eli Lilly uses its money and power in the courtroom especially when a defendant tries to use a "Prozac defense." Eli Lilly has been known to provide a script to the prosecutors on how to defeat the Prozac defense.[536] John Virapen says that typically, plaintiffs accept the money that a pharmaceutical giant offers. The lawyers tell the victims that a trial will not bring back the spouse or the child, but the check might offer some consolation. A drug maker wants to maintain the clean image of the industry, "carrying out research in the name of humanity." The industry

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532. Sarah Boseley, They said it was safe, The Guardian, October 29, 1999, www.guardian.co.uk/weekend/story/0,,258000,00.html, viewed 5/15/2014.

533. David Healy, Let Them Eat Prozac, the Unhealthy Relationship between the Pharmaceutical Industry and Depression, New York University Press, New York, Kindle, 2004, p. 252.

534. Peter R. Breggin, David Cohen, Your Drug May Be Your Problem: How and Why to Stop Taking Psychiatric Drugs, Perseus, Cambridge, Massachusetts, 2000, p. 38.

535. Ibid., p. 277.

536. Peter Breggin, *The Antidepressant Fact Book: What Your Doctor Won't Tell You About Prozac, Zoloft, Paxil, Celexa, And Luvox,* Da Capo Press, Cambridge, Massachusetts, Kindle, 2009, Locations 1645–1648.

does not want the public to discover that Prozac or some other SSRI "turned a person into a murdering machine."[537]

During the distracting media circus surrounding George Zimmerman's trial for the killing of Trayvon Martin, from June 10, 2013 to his acquittal on July 13, 2013,[538] the Supreme Court, on July 7, 2013, in a 5–4 vote, ruled that drug companies cannot be sued under state law for adverse reactions to their products. This was in response to a request from the Mutual Pharmaceutical that asked the Court to overturn a $21 million jury award to Karen Bartlett, of New Hampshire, who took the generic nonsteroidal anti-inflammatory drug, sulindac, in 2004 after her doctor prescribed it for shoulder pain. The Obama administration said that federal law prevailed over state law claims and pointed out the fact that the FDA had already approved of the drug, along with a label carrying safety warnings. However, when Bartlett filled the prescription, there was no warning on the label about the skin reactions that she suffered.[539]

Victims who have suffered an adverse reaction from a generic drug may not bring a lawsuit against a drug company for fraud, mislabeling, side effects, virtually any other negative reactions, including accidental death. This is applicable to all generic drugs and their manufacturers, about 80 percent of all drugs that are consumed in the United States. The Court ruled that the ultimate authority over pharmaceuticals rests with the FDA, currently headed by Margaret Hamburg. If the FDA approves of a drug, that endorsement takes precedent over scientific facts, innocent victims, and whatever adverse reactions an individual may suffer.[540]

The Institute for Safe Medication Practices published a new study, founded on data from the FDA's Adverse Event Reporting System

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537. John Virapen, Side Effects Death, Confessions of a Pharma-Insider, Virtualbookworm.com Publishing Inc., College Station, Texas, 2010, p. iv.

538. Greg Botelho and Holly Yan, George Zimmerman found not guilty of murder in Trayvon Martin's death, July 14, 2013, http://www.cnn.com/2013/07/13/justice/zimmerman-trial, viewed 4/26/2014.

539. Lawrence Hurley and Bill Berkrot, UPDATE 3-U.S. justices block generic drug liability lawsuits, Reuters, June 24, 2013, http://www.reuters.com/article/2013/06/24/usa-court-generics-idUSL2N0F00K820130624.

540. Supreme Court rules Drug Companies exempt from Lawsuits, July 7, 2013, http://www.whiteoutpress.com/articles/q32013/supreme-court-rules-drug-companies-exempt-from-lawsuits, viewed 4/26/2014.

(AERS) that records drug side effects that are usually reported by patients, physicians, or drug companies. This study identified thirty-one drugs that are linked with reports of violence against others. Fluoxetine (Prozac) is a well-known SSRI antidepressant and is 10.9 times more likely to be linked with violence when compared to other medications.[541] The study evaluated the adverse drug effects associated with acts of violence or aggression associated with therapeutic drugs from 2004 through the third quarter of 2009.[542]

541. Top Ten Legal Drugs Linked to Violence | TIME.com http://healthland.time.com/2011/01/07/top-ten-legal-drugs-linked-to-violence/#ixzz2q7wlMgSG, viewed 1/11/2014;

542. Gary G. Kohls, MD, Many Psychoactive Drugs are Strongly Associated with Violence (including aggression, suicidal violence and homicidal violence), April 5, 2012; http://duluthreader.com/articles/2012/04/05/299_many_psychoactive_drugs_are_strongly_associated, viewed 1/11/2014.

Chemical Lobotomies for Everyone

Psych Meds for the Masses

Dr. Peter R. Breggin wrote, "Biopsychiatric treatments exert their therapeutic effect by impairing higher human functions, including emotional responsiveness, social sensitivity, self-awareness or self-insight, autonomy, and self-determination. More drastic effects include apathy, euphoria and mania, and lobotomy-like indifference."[543] The brain-disabling principle applies to allthe major psychiatric treatments. They disable normal brain function. A chemical lobotomy "is not a side effect, but the sought-after clinical effect. It reflects impairment of normal brain function." The psychiatric drug, electroshock, or psychosurgery worsens or compounds a patient's brain dysfunction. Frequently, the patient is unaware of the impact of the drug just like a "slightly intoxicated person may deny being impaired and even claim to be improved."[544]

Carol Greene, in her book *Der Fall Charles Manson*, refers to Dr. Wayne O. Evans, a psychiatrist, who during the 1960s was director of the Military Stress Laboratory of the US Army Institute of Environmental Medicine in Natick, Massachusetts. He participated in the Study Group for the Effects of Psychotropic Drugs on Normal Humans, which held a conference in Puerto Rico in 1967.[545] In 1971, Evans and Nathan S.

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543 Peter R. Breggin, *Brain Disabling Treatments in Psychiatry: Drugs, Electroshock, and the Psychopharmaceutical Complex*, Springer Publishing, New York, Kindle, 2007, pp. 1–4.

544. Peter R. Breggin, Toxic Psychiatry, Why Therapy, Empathy, and Love Must Replace the Drugs, Electroshock, and Biochemical Theories of the "New Psychiatry," St. Martin's Press, New York, 1991, pp. 58–60.

545. Making A Killing: The Untold Story Of Psychotropic Drugging (Documentary), http://www.youtube.com/watch?v=qHlLRge45sg, viewed 8/10/2014.

Kline published a book, *Psychotropic Drugs in the Year 2000; Use by Normal Humans*. Evans said, "We see a developing potential for nearly a total control of human emotion status, mental function and will to act." Psychiatry's objectives are to have the entire population on some kind of psych drug, apparently by 2000.

Greene wrote regarding their goals, "If we accept the position that human mood, motivation, and emotion are reflections of a neurochemical state of the brain, then drugs can provide a simple, rapid expedient means to produce any desired neurochemical state that we wish." Evans said, "The sooner that we cease to confuse scientific and moral statements about drug use, the sooner we can rationally consider the types of neurochemical states that we wish to provide for people . . . Therefore, I submit to you, that if we wished, we could probably have an effective set of aphrodisiacs (psychiatric drugs) within five years."[546]

"Another study group member, Dr. William Turner, described studies done by American psychologist John Calhoun, in which Norway rats, under conditions of overcrowding, formed what were termed 'behavioral sinks.' Here a pattern of extreme behavior changes emerged, such as cannibalism and rape, reminiscent of human psychopathology. This behavior emerged among 5% of the rat population. He indicated that similar effects might be expected of humans under crowded urban conditions."[547]

Dr. Thomas Szasz said, "Medicalizers engage in a never-ending task of 'educating' people that non-diseases are diseases."[548] In the 1970s, psychiatry was faltering and psychiatric drug sales were decreasing. The American Psychiatric Association (APA) then engaged in a "rebranding" campaign and promoted its devised "diseases" in the *DSM-III*, insinuating that they were biologically similar to diabetes, and the drug industry compared its psychiatric chemicals to insulin. The industry concocted and promoted the idea of a chemical imbalance within the brain, which, with massive drug-industry-funded campaigns and political support, the public gradually accepted, making it easy

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546. Review of Der Fall Charles Manson by Carole Greene, I do not agree with all of the conclusions, http://www.erowid.org/library/review/review_test_tube_murders1.shtml, viewed 8/10/2014.

547. Ibid.

548. Thomas Szasz, *The Medicalization of Everyday Life: Selected Essays*, Syracuse University Press, New York, Kindle, 2007, Locations 186–187.

for the pharmaceutical companies to increase their market share.[549] It is scientifically impossible to calculate the "levels of any biochemical in the tiny spaces between nerve cells (the synapses) in the brain of a human being." Rhetoric about "biochemical imbalances" is nothing but marketing devised to sell psych drugs.[550]

Since 2003, international drug regulatory agencies have issued sixty warnings about antidepressant-associated suicide risks. Stimulants cause heart problems, stroke, and even death. Marketing "experts" claim that psychotropic drugs correct chemical imbalances in the brain although there is absolutely no supportive scientific evidence. As of 2008, psych drug sales were more than $27 billion a year in the United States and $80 billion worldwide.[551] In April 2006, Wayne Goodman, head of the FDA Psychopharmacological Advisory Committee, "admitted that the serotonergic theory of depression is a 'useful metaphor'—and one that he never uses within his own psychiatric practice."[552] Psychiatry had lost professional status and wanted to infuse the profession with legitimacy by promoting "biological and hospital psychiatry to the public." Organized psychiatry promised to resolve personal problems through social, educational, and political involvement.[553]

In 1975, Henry Gadsden, the head of Merck, one of the world's largest drug companies, told *Fortune* magazine that he wanted Merck

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549 Robert Whitaker, Anatomy of an Epidemic, Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America, Broadway Books, New York, Kindle, 2010, pp. 316–318.

550 Peter Breggin, The Antidepressant Fact Book: What Your Doctor Won't Tell You About Prozac, Zoloft, Paxil, Celexa, And Luvox, Da Capo Press, Cambridge, Massachusetts, Kindle, 2009, Locations 392–394.

551 CCHR, Mental Health Care: What is the Alternative to Psychotropic Drugs? A Public Interest Report on Medical Alternatives to Psychiatry, January 2008, http://www.cchr.org/sites/default/files/What is the Alternative to Psychotropic Drugs White Paper.pdf, viewed 8/1/2014.

552. JR Lacasse, J Leo, *Questionable Advertising of Psychotropic Medications and Disease Mongering*, PloS Med, July 25, 2006, http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.0030321#pmed-0030321-b6, viewed 5/15/2014.

553. Peter R. Breggin, Toxic Psychiatry, Why Therapy, Empathy, and Love Must Replace the Drugs, Electroshock, and Biochemical Theories of the "New Psychiatry," St. Martin's Press, New York, 1991, pp. 11–12.

to be more like chewing gum maker Wrigley's. It had long been his dream to make drugs for healthy people so that Merck could "sell to everyone." His dream now drives the marketing machinery of the most profitable industry on earth. Drug companies are systematically working to widen the very boundaries that define illness, and the markets for medication continually grow ever larger.[554] In 1980, pharmacies filled 100 million fewer prescriptions than in 1974, which resulted in drug-industry lobbyists applying pressure on Congress and the FDA to allow the industry to advertise prescription drugs to the end consumer rather than just to physicians. Prescriptions for sleeping pills had decreased from 40 million to 21 million in 1980. In 1981, tranquilizers had decreased from 104.5 million prescriptions in 1973 to 70.8 million. By 1980, people had discontinued using Valium by half from 62 million in 1975.[555]

In 1981, Merck advertised in *Reader's Digest* in the first direct-to-consumer (DTC) print ad. This advertising of prescription drugs is only legal in the United States and New Zealand.[556] The FDA legalized DTC in 1985 but required that the advertisers include significant information about the risks of the drugs, which required multiple pages.

People may not understand the comprehensive control that state and federal governments have or their cronyism with the corporations. The Department of Health and Human Services (DHHS) directs the FDA, the CDC, the Substance Abuse and Mental Health Services Administration (SAMHSA) with its Federal Action Agenda and the National Institutes of Health (NIH).[557] Harry S. Truman signed the National Mental Health Act (1946), which called for the establishment of a National Institute of Mental Health (NIMH). Its first meeting, the Advisory Mental Health Council (NAMHC), was convened on August 15, 1946, financed by the Greentree Foundation. On April 15,

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554. Ray Moynihan, Alan Cassels, *Selling Sickness: How the World's Biggest Pharmaceutical Companies Are Turning Us All Into Patients,* Nation Books, New York, 2005, p. ix.

555. Robert S. Mendelsohn, How to Raise a Healthy Child in Spite of your Doctor, Ballantine Books, New York, 1984, pp. xiv–xv.

556. Barbara Mintzes, Disease Mongering in Drug Promotion: Do Governments Have a Regulatory Role? PloS Med, April 11, 2006, http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.0030198, viewed 5/15/2014.

557. Federal Action Agenda, http://www.samhsa.gov/Federalactionagenda/NFC_FMHAA.aspx, viewed 6/20/2014.

1949, officials formally established the NIMH, which, according to its website, its vision is "a world in which mental illnesses are prevented and cured." Its mission is, "to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery and cure."[558]

The president appoints the DHHS secretary whose stated goals are as follows: "The mission of the DHHS is to help provide the building blocks that Americans need to live healthy, successful lives. We fulfill that mission every day by providing millions of children, families, and seniors with access to high-quality health care (doctors and pharmaceutical drugs) . . . HHS is the United States government's principal agency for protecting the health of all Americans."[559] One of its biggest priorities is mental health.[560] The NIMH plays a large part in these efforts. It has designated May as Mental Health Month. If the government, with all of its agencies, eleven operating divisions, ten regional offices, collaborates with the pharmaceutical industry, especially regarding psych drugs, then I think we can assume the same for the state DHHS agencies.

The government, the central corporation, protects other corporations. Certain federal agencies, working with the corporations, promote psychiatric drugs for the multibillion-dollar pharmaceutical industry. Dr. Breggin states that the NIMH is just an "aggressive extension of the pharmaceutical industry." It supervises "expensive, highly biased clinical trials." Beginning in 2009, it intended to "conduct studies of stimulant drugs on four-to six-year-old children diagnosed with ADHD." It is the driving force behind "educational" efforts, such as "Depression Awareness Week," which encourages biological psychiatry and drugs. There exists a revolving door between drug companies, academia, Congress, and federal agencies where the majority of the participants support drug-company objectives as there is always a payoff—in dividends, campaign

558. The National Institute of Mental Health Strategic Plan, http://www.nimh.nih.gov/about/strategic-planning-reports/index.shtml, http://www.nih.gov/about/almanac/organization/NIMH.htm, viewed 5/28/2014.

559. USHHS, About HHS, http://www.hhs.gov/about, viewed 5/13/2014.

560. Mental Health, http://www.mentalhealth.gov/, viewed 5/13/2014.

contributions, speaker's or consultant's fees, or a high-paying corporate position in a multibillion-dollar industry.[561]

Beginning in the 1980s, there were hundreds of articles "about depression in both medical journals and general-readership magazines."[562] In 1987, Lew Judd, the NIMH director (1987–1990), said, "By making these materials on depressive illness available, accessible in physicians' offices all over the country, important information is effectively reaching the public in settings which encourage questions, discussion, treatment, or referral." Eli Lilly financed DART's publication of eight million brochures, *Depression: What You Need to Know*, along with 200,000 posters.[563]

In 1988, after lots of preparation, the NIMH conducted its DART (Depression Awareness Recognition and Treatment) campaign, with a $750,000 budget, to brainwash the public into believing that undiagnosed depression was a common affliction that needed medication. Upjohn and the APA—almost a third of its annual budget of $62 million comes from Big Pharma—informed the public about "panic disorder." Judd created the psychiatric marketing strategy, *Decade of the Brain*, signed into law by a presidential proclamation. In 1990, the NIMH introduced its clever tactic accompanied by the new SSRI drugs "touted as safer and more effective than older antidepressants because they balanced out the chemicals in the brain that, imbalanced, caused mental illness."[564]

On July 17, 1990, President George H. W. Bush, formerly a board member at Eli Lilly, signed a presidential proclamation confirming House Joint Resolution 174 that declared 1990 the first year of the *Decade of the Brain*, launched on January 1, 1990.[565] In conjunction with the *Decade of the Brain*, the NIMH, the Library of Congress (LC), and the NIH published at least three books and sponsored numerous activities such as

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561. Peter Breggin, *The Antidepressant Fact Book: What Your Doctor Won't Tell You About Prozac, Zoloft, Paxil, Celexa, And Luvox*, Da Capo Press, Cambridge, Massachusetts, Kindle, 2009, Locations 2832–2839.

562. David Healy, Let Them Eat Prozac, NYU Press, New York, Kindle, 2004, p. 9.

563. Ibid., pp. 59–61.

564. Global Burden of Disease How Mental Health Doesn't Fit, http://www.cchr.org/sites/default/files/Global_Burden_of_Disease.pdf, viewed 4/10/2014.

565. Project on the Decade of the Brain, Presidential Proclamation 6158, July 17, 1990, http://www.loc.gov/loc/brain/proclaim.html, viewed 7/25/2014.

congressional breakfasts and convened several conferences, beginning on July 24, 1991, with Frontiers of Neuroscience. All of these activities were designed to introduce members of Congress, their staffs, and the general public to "cutting-edge research on the brain."[566]

The aggressive marketing campaign was to persuade the public that 20 percent of the population had a mental disorder and might require psychiatric medications. Industry-funded psychiatric support groups began encouraging "screening programs," in an effort to recruit new consumers.[567] During Bush's administration (1989–1993), Dr. Douglas Jacobs initiated the idea of screening for depression. He said, "In 1991, I had the idea to begin screening for depression much like my colleagues in the medical field were screening for physical diseases like cancer and diabetes. It's important that we screen for mental illness because it allows us to identify these illnesses early on—making treatment more effective."[568]

Dr. Jacobs, an associate clinical professor of psychiatry at Harvard Medical School, started *Screening for Mental Health* (SMH), which pioneered *National Depression Screening Day* (NDSD) as the first voluntary mental health screening initiative in 1991. SMH is a nonprofit organization that first advocated the concept of large-scale mental health screenings. Dr. Jacobs, currently on the SMH board as the medical director, was also the chair of the APA's Work Group on *Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors*, published in November 2003. This 184-page pro-psych-drug book emphasizes that drugs "may take several weeks to reach therapeutic benefit."[569], [570] Saul M. Levin, the CEO and medical director of the APA, is also on the SMH board.

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566. Project on the Decade of the Brain, Scientific Symposia, http://www.loc.gov/loc/brain/symposia.html, viewed 7/25/2014.

567. Robert Whitaker, Anatomy of an Epidemic, Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America, Broadway Books, New York, Kindle, 2010, pp. 316–318.

568. Envisioning a world where mental health is viewed and treated with the same gravity as physical health.

569. Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors, November 2003, p. 61, http://www.dbsanca.org/docs/APA_Guidelines_for_Suicidal_Behavior.1783314.pdf, viewed 5/23/2014.

570. SMH Board, http://mentalhealthscreening.org/about/leadership/president.aspx, viewed 5/23/2014.

SMH has mental health screening programs for everyone, "at all stages of their life, spanning from teenagers to older adults." They have screening programs designed for colleges, middle and high schools, community organizations, the workplace, and the military community. SMH initiated the idea of Mental Illness Awareness Week in October of every year. NDSD has expanded to thousands of colleges and military installations.[571] The page for SMH for the military states, "Screening for Mental Health developed and managed the Military Pathways program for the Department of Defense for seven years. The program provided free and anonymous mental health self-assessments for service members, veterans, and their families. In addition, the program offered mental health education kits about posttraumatic stress disorder, family resiliency, and alcohol use disorders."[572]

SMH, compatible with SAMHSA's objectives,[573] designed NDSD to "call attention to the illness of depression on a national level, educate the public about its symptoms and effective treatments, offer individuals the opportunity to be screened for depression, and connect those in need of treatment to the mental health care system." SMH claims the following:

- Clinical depression is a serious medical illness.
- Clinical depression can lead to suicide.
- Sometimes people with depression mistakenly believe that the symptoms of depression are a "normal part of life."
- Clinical depression affects men and women of all ages, races, and socioeconomic groups.
- One in four women and one in ten men will experience depression at some point during their lifetimes.
- Two-thirds of those suffering from the illness do not seek the necessary treatment.

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571. Raising public awareness of behavioral and mental health issues and working to reduce stigma, http://mentalhealthscreening.org/programs/initiatives, viewed 5/23/2014.

572. Providing mental health education and screening programs for service members, veterans, and their families, http://mentalhealthscreening.org/programs/military, viewed 5/23/2014.

573. Trauma-Informed Care in Behavioral Health Services, http://www.integration.samhsa.gov/clinical-practice/SAMSA_TIP_Trauma.pdf, viewed 5/23/2014.

- Depression can co-occur and complicate other medical conditions.
- More than 80 percent of all cases of clinical depression can be effectively treated with medication, psychotherapy, or a combination of both.
- Screenings are often the first step in getting help.[574]

The highly publicized NDSD, a public relations and marketing tactic, occurs every year on October 7 during which volunteers offer screening tests for depression and referrals to over 3,000 hospitals, mental health clinics, doctors' offices, and other facilities nationwide. The APA and the NIMH participate. The National Mental Illness Screening Project (NMISP) of Wellesley Hills, Massachusetts, oversees the nationwide event. NMISP is a private nonprofit organization that also sponsors screening days for other mental illnesses. Eli Lilly gave NMISP $1.75 million between 1993 and 1997, almost half of its $3.6 million income for those years. Pharmaceutical companies finance many of Depression Day's events. Others have since stepped in, but the industry still contributes about 25 to 30 percent of the budget for Depression Day.[575]

Regarding Depression Day, in 1995, according to the *Washington Post*, numerous astute students from the Walter Johnson High School in Bethesda, Maryland, blasted the Eli Lilly representatives and their obvious pro-Prozac presentations at the school assembly, where they disseminated free goodies and brochures on the drug's benefits. One female student referred to the assembly as "a 45 minute plug for Prozac." Her mother told the newspaper that none of the participants suggested an alternative, such as talk therapy for depression. Drug makers anticipate that campaigns of any kind will result in increased sales. In 1995, doctors wrote over 453,000 prescriptions for Prozac for adolescents under eighteen years of age. Big Pharma also organizes Depression Day seminars for primary care physicians, during which they might promote the idea of having their patients complete a mental health screening test

574. National Depression Screening Day, http://www.mentalhealthamerica.net/conditions/national-depression-screening-day, viewed 5/23/2014.

575. Barry Duncan, Scott Miller, Jacqueline Sparks, Exposing the Mythmakers: How Soft Sell Has Replaced Hard Science, Family Therapy Networker, Volume 24, Issue 2, March/April 2000, Psychotherapy Networker, Inc. Nov/Dec 1996.

in the waiting room to be scored by staff so that the doctor may refer to it when he sees the patient in the examining room.[576]

In 2000, the National Alliance on Mental Illness (NAMI) would file a document with the government stating that "providers, health plans, and pharmaceutical companies want to grow their markets and to increase their share of the market. NAMI would facilitate this process by making the public aware of "the issues involving severe brain disorders."[577]

Since the early 1990s, Dr. David Healy, a British psychopharmacologist and leading critic of SSRIs, has repeatedly pointed out the serious issues relative to suicide ideation and the SSRIs. However, the drug companies dismiss the evidence, even from their own clinical trials, and apparently view the suicides as an unfortunate result of depression. Dr. Healy says, "Patients are most at risk when they start the drugs, increase the dosage, or stop taking them."[578]

At least one in five adults, as many as fifty million, regularly rely on "high-strength" prescription psychiatric drugs, which constitute the second most common substances that people abuse. In 2007, with that many people on drugs, there were 27,000 unintentional prescription drug–overdose deaths in the United States, one death every nineteen minutes. In the last ten years, experts attribute the most overdose deaths to opioid analgesics (any psychoactive chemical that resembles morphine or other opiates). This is more than the number of deaths due to heroin and cocaine combined. According to the CDC, "Prescription drug abuse is the fastest growing drug problem in the United States."[579]

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576. Ibid.

577. Robert Whitaker, Anatomy of an Epidemic, Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America, Broadway Books, New York, Kindle, 2010, pp. 316–318.

578. Gardiner Harris, Drugs, Children and Suicide: Is There a Cover-up Going On? Antidepressants Restudied for Relation to Child Suicide, New York Times, June 20, 2004, http://parentadvocates.org/index.cfm?fuseaction=article&articleID=3364, viewed 5/5/2014.

579. Morbidity and Mortality Weekly Report (MMWR), CDC Grand Rounds: Prescription Drug Overdoses — a U.S. Epidemic, January 13, 2012, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6101a3.htm, viewed 7/14/2014.

As of April 2014, the number of people taking psychiatric drugs in the United States is as follows:

ADHD drugs	10,291,860
Antidepressants	41,226,394
Antipsychotics	6,845,303
Anti-anxiety	36,472,663
All psychiatric drugs	78,694,222 total [580]

In addition to producing brain dysfunction, prescribing drugs or any physical intervention seems to "reinforce the doctor's role as an authority and the patient's role as a helpless sick person." The doctor tells the subservient patient that he or she has a disorder, but with the assistance of the doctor and by adhering to his instructions, the patient will recover. With added brain damage, the patient may become even more submissive and dutiful. Dr. Breggin states, "Whether or not some psychiatric patients have brain diseases is irrelevant to the brain-disabling principle of psychiatric treatment." Current psychiatric treatments "worsen brain function rather than improving it." Even if the patient has a biological issue such as a viral inflammation, psychiatric drugs, acting as a lobotomizer, will not only have the original "brain damage" but will also have a chemical lobotomy.[581]

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580. Total Number of People Taking Psychiatric Drugs in the United States, SOURCE: IMS, Vector One: National (VONA) and Total Patient Tracker (TPT) Database, Year 2013, Extracted April 2014, http://www.cchrint.org/psychiatric-drugs/people-taking-psychiatric-drugs, viewed 5/10/2014.

581. Peter R. Breggin, Toxic Psychiatry, Why Therapy, Empathy, and Love Must Replace the Drugs, Electroshock, and Biochemical Theories of the "New Psychiatry," St. Martin's Press, New York, 1991, pp. 58–60.

Governor George W. Bush, Connecticut's Native Son

Bush announced his candidacy for the Texas governorship on November 8, 1993, with a campaign based on self-reliance and personal responsibility rather than dependence on government.[582]

George H. W. Bush and his son George W. promoted the North American Free Trade Agreement (NAFTA), approved under Clinton, which took effect on January 1, 1994. This predictably weakened American and Canadian environmental laws and further exacerbated the "wretched conditions in Mexico" where the peso crashed.[583] Congressional bribery for NAFTA, via "pork barrel promises," cost the taxpayers $50 billion. By 1997, American job losses amounted to about 394,835, mostly women, blacks, and Hispanics. The figure would increase to 600,000 by January 1, 1999. Wages in Mexico sank by 29 percent.[584]

With Karl Rove's genius, (compassionate conservatism, religious rhetoric, strategized staging) and huge corporate contributions (no campaign limits in Texas), George W. Bush was elected Texas's first Republican governor (1995–2000) since Reconstruction.[585] Campaign wizardry diverted voter focus to moral issues (not the government's

582. Joe Conason, Notes on a Native Son: The George W. Bush Story A heartwarming tale about baseball, $1.7 billion, and a lot of swell friends By, Harper's Magazine, February 2000, http://www.utwatch.org/utimco/nativeson.html, viewed 9/12/2014.

583. Al Gore: A User's Manual by Alexander Cockburn and Jeffrey St. Clair, Verso 2000, pp. 160–171.

584. Ibid., pp. 160–171.

585. Karl Rove, the Architect, Frontline, an interview of Wayne Slater, author of *Bush's Brain: How Karl Rove Made George W. Bush Presidential*, http://www.pbs.org/wgbh/pages/frontline/shows/architect/interviews/slater.html, viewed 6/24/2014.

business). Bush said he was "humbled and honored" that so many people responded to his message.[586]

Ken Lay and Enron attorney, Joe B. Allen, were Bush's "top fundraisers" and would be Bush's "top corporate contributors" in 2000.[587] Thomas Hicks, of HM Capital Partners LLC, had donated $146,000 to Bush's gubernatorial campaigns. Richard Rainwater had donated $100,000.[588] Hicks paid lobbyists ($50,000 to $110,000) to enact legislation to create the University of Texas Investment Management Company (UTIMCO), a public-private partnership, privatizing the university's abundant financial assets of $13 billion. Hicks was already on the Board of Regents due to his contributions to Governor Ann Richards. He gave Bush a belated $25,000[589] for which Governor Bush appointed him the UTIMCO chair.[590] Other board members had contributed between $7,000 and $141,000.[591]

Under Thomas Hicks's direction and without public oversight, $525 million was invested into crony corporations, including the Carlyle Group; Maverick Capital Fund ($210,273 to Bush's gubernatorial campaigns); Bass Brothers Enterprises ($215,000 to Bush, financed Harken Oil's Bahrain venture); [592] Kohlberg Kravis Roberts (joined

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586 Andrew Wheat, George W. Bush, Corporate Candidate, How Money Grows on the "Shrub," March 2000, http://multinationalmonitor.org/mm2000/00march/wheat.html, viewed 6/24/2024.

587 Kevin Phillips, The Company Presidency; Enron and the Bush family have boosted each other up the ladder of success, Teapot Dome? From: The Los Angeles Times; Los Angeles, Calif.; Feb 10, 2002.

588 Right on the Money: The George W. Bush Profile, The Buying of the President 2000, Part 2 of 3, http://www.topplebush.com/article1_busdeal.shtml, viewed 6/24/2024.

589 Dan Briody, The Iron Triangle: Inside the Secret World of the Carlyle Group, Wiley Publishing, New York, 2003, pp. 128–135.

590. Bush' Texas Rangers' plot thickens into tax evasion and more, http://www.democraticunderground.com/discuss/duboard.php?az=view_all&address=132x1125635, viewed 6/24/2024; See also UTIMCO Raiders: Thomas O. Hicks, http://www.utwatch.org/utimco/hicks.html, viewed 6/24/2024.

591 Andrew Wheat, George W. Bush, Corporate Candidate, How Money Grows on the "Shrub," March 2000, http://multinationalmonitor.org/mm2000/00march/wheat.html, viewed 6/24/2024.

592. Michael King, Circling the wagons: Don't say nothin' bad about our president—or his friends, The Austin Chronicle, August 2, 2002.

Hicks in a $1.5 billion takeover of Regal Cinemas); Evercore Partners (joined Hicks in a $900 million buyout of television stations); American Securities Partners (received UTIMCO funds several months after selling eleven radio stations to Hicks).[593,]

Cofounders Stephen Norris and David Rubenstein founded the Carlyle Group in 1987 at the Carlyle Hotel situated by Central Park.[594] Carlyle Partners II, the defense contractor's fund, got $10 million from UTIMCO.[595] Bush worked for Caterair, a Carlyle subsidiary, the year before. George H. W. Bush was also associated with the Carlyle Group and, because of his previous political status, helped the group attract deep-pocketed investors.[596] Hicks undoubtedly received sufficient management fees through these "investments" for his 1998 purchase of the Texas Rangers for $250 million.[597]

All assets, public or private, are vulnerable to politically facilitated transfers into corporate coffers. President George W. Bush repeatedly attempted to privatize Social Security. In addition to "funneling" UTIMCO money to cronies, the Texas Teachers Retirement System (TRS), which managed the pension fund (over $100 billion) for the state's 800,000 public schoolteachers, was also targeted for Bush cronies.[598] On September 5, 1995, Bush appointed Ronald G. Steinhart of Dallas as the presiding officer of TRS.[599]

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593. George W. Bush, Corporate Candidate, How Money Grows on the "Shrub" by Andrew Wheat, March 2000, http://multinationalmonitor.org/mm2000/00march/wheat.html, viewed 6/24/2024; UTIMCO Raiders: Thomas O. Hicks, http://www.utwatch.org/utimco/hicks.html, viewed 6/24/2024.

594. Dan Briody, The Iron Triangle: Inside the Secret World of the Carlyle Group, Wiley, New York, Kindle, 2008, Location 441.

595. Ibid., Location 199.

596. Ibid., pp. 128–135.

597. Bush' Texas Rangers' plot thickens into tax evasion and more, http://www.democraticunderground.com/discuss/duboard.php?az=view_all&address=132x1125635, viewed 6/24/2024; Forbes, The Business Of Baseball, #16 Texas Rangers, April 16, 2008.

598. Bush Jr.'s Skeleton Closet, http://www.realchange.org/bushjr.htm, viewed 6/24/2024.

599. Bush Appointments, http://texinfo.library.unt.edu/texasregister/text/1995/0922gov.txt, viewed 6/24/2024.

Without any public bids on two of the sales, the Fund sold two office buildings and a mortgage on a third to Rainwater's Crescent Real Estate Equities Company (created 1994) in 1996 and 1997 at a $70.4 million loss. "At the time of at least one of the sales, Bush owned about $100,000 worth of Crescent stock."[600] Harvard Management Company, a Harken investor, also benefited from bargain real estate from the Texas Teachers Retirement System.[601]

Regarding the funneling of pension funds, the FBI discovered that former Connecticut state treasurer Paul J. Silvester, two months before leaving office in November 1998, after his reelection defeat, made a $50 million investment in Carlyle Asia, using the Connecticut State Pension funds. He invested $800 million of that pension fund in various private equity firms for which he received kickbacks. Though the FBI investigated, no one pressed charges. Carlyle finally disclosed the finder's fee that it paid to Wayne Berman, one of Bush's key financial bankers.[602]

Harper's Magazine article "Notes on a Native Son" reported on Bush's campaign and his close association with corporate interests. The Carlyle Group had a great deal of influence over Bush. One could easily claim that Bush owed his presidency to two people—his father and James Baker III, who also assisted Bush Senior to become president. Both Bush Senior and Baker were deeply invested in the Carlyle Group, as was Donald Rumsfeld who was CEO of G.D. Searle. Silvester told the media that he had done nothing irregular in making those investments. However, this situation compelled him to resign from his new position at the investment company, Park Strategies, owned by Berman who reported that Silvester "resigned for personal reasons."[603]

Officials sealed many documents from the case. However, the *Hartford Courant* gained access to court documents that revealed that Silvester "understood that his employment opportunity and/or substantial salary was contingent on his investing Connecticut state pension money with" Carlyle. The *Courant* reported that because of Silvester's investment

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600. Right on the Money: The George W. Bush Profile, The Buying of the President 2000, Part 2 of 3, http://www.topplebush.com/article1_busdeal.shtml, viewed 6/24/2024.
601. Ibid.
602. Dan Briody, The Iron Triangle: Inside the Secret World of the Carlyle Group, Wiley, New York, Kindle, 2008, Locations 215, 368, 375.
603. Ibid., Location 90–93.

with Carlyle, Berman received almost $1,000,000 from Carlyle as a finder's fee for a $100 million derived from the Connecticut State Pension Fund. Additionally, in January 2000, the Associated Press reported that the Connecticut State Treasurer's office had paid Carlyle Europe Partners $2,971,945 for some unknown purpose.[604]

In 1997, Texas governor George W. Bush supported Mental Health Parity, the Patient's Bill of Rights that "required private industry to provide increased insurance coverage for mental health treatment, including mental health drugs." This was similar to the Mental Health Parity Act (MHPA) that President Bill Clinton signed on September 26, 1996, applicable to group health plans beginning on or after January 1, 1998. Paul Wellstone and Pete Domenici's Mental Health Parity and Addiction Equity Act (MHPAEA) superseded MHPA, which Congress would pass, as a rider, on the Troubled Asset Relief Program (TARP), signed into law by President Bush on October 3, 2008. MHPA and similar legislation required insurers to cover mental health care, which increased access to treatment (drugs).

Medicare, state-assisted Medicaid, and employer-provided insurance may have some consequences. The costs are often so high that the states do not have sufficient funds to revamp failing infrastructure. Manufacturers moved their production offshore to avoid paying what amounts to extra labor costs. NAFTA was also an economic assault on America in 1994. Then in 1997, the mental health legislation mandate, applicable even to smaller firms with only 25–49 employees, increased business costs. The Kaiser Family Foundation (KFF) conducted a study on the effect of the mental health mandate on firms according to size. It extracted data, per capita, from the NIMH, Blue Cross Blue Shield Industry Association, and the Employment Benefit Research Institute (EBRI). KFF evaluated firms having 3–9, 10–24, 25–49, or 50–199 employees and large firms having 200–999 employees. KFF thought that all firms would assume 75 percent of the costs, whether the firm had less than twenty or as many as 500 employees who would pay 25 percent.

604. Ibid., Location 94–98.

Additionally, 60 percent of the firms with ten employees offered health insurance in 2000 and would continue to do so.[605]

The percentage of small employers that offered health insurance was from 55 percent in the retail trade to 93 percent in manufacturing. With mandated mental health care, the compliance rates decreased as the costs increased to an average of $1,558 for each worker in manufacturing and $1,118 for each worker in construction, mining, and agricultural services. Approximately, 65 to 100 percent of the firms complied with regular health insurance while about 40 to 80 percent complied with the mental health mandate. These mandates increased job losses from 100–400 to 1,000–2,000 jobs. All sectors of the economy experienced unemployment more especially in the retail sector where losses totaled 3,000–4,000 jobs during 2001–2010. In the combined economy, about 2,000 losses occurred each year. Meanwhile, due to the mental health mandate, there was an increase in health services, a yearly increase from 2,000–7,000 jobs.[606]

Compliance to these legislative changes removed about $66 million from the country's economy to compensate for the health care mandate just in the first year and $40 million in the second year. There were also income and purchasing power losses in retail and construction, which greatly contributed to unemployment in those areas. Consumers and businesses, because of the mental health mandate, had nearly $200 million less to spend per year. One must also consider the average regulatory cost of about $7,000 per worker given the number of fewer employees. Evidence shows that following the 1996 Health Care Parity Act, costs increased by 3 to 6 percent for some health care plans. Consequently, about 2.4 million employees lost their health insurance. This came at a time when the work force was aging, and some claimed that this group of people needed mental health care benefits and someone will have to pay for those benefits. With so many people then demanding a benefit they had previously had, someone would have to assume the costs, which were now increasing. Further, those who work for very small

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605. Bruce D. Phillips, Senior Fellow in Regulatory Studies, NFIB Research Foundation, Mental Health Parity, The Patient's Bill of Rights and Small Firms: Where Do We Stop?, Washington, D.C., September 4, 2001, http://www.nfib.com/Portals/0/Mandated-Health-Benefits.pdf, viewed 5/20/2014.

606. Ibid.

firms, burdened with mandates and regulations, would not have health insurance.[607]

In 2007, American citizens spent $2.3 trillion on health care, "that's 4.3 times the amount spent on national defense." The United States spends 16 percent of its GDP on health care, more than any other country and has more sick people than any other country. In the "purely symptom-oriented" way of managing most chronic illnesses, "healthcare costs are spiraling out of control." These "health expenditures now pose the greatest threat to the survival of the economy." Corporations are unable to expand and pay for their employees' health insurance and are forced to decrease the number of employees.[608]

Bush's 1998 gubernatorial reelection fundraising efforts set a record—$25 million.[609] He was the first Texas governor to win consecutive four-year terms. Corporate contributors depended on him to protect and even lie under oath for them.[610] By year's end, 1999, his presidential campaign had raised $69 million, more than the total amount raised by both Clinton and Dole (not including federal matching funds) combined for the entire 1996 presidential race.[611]

Lose the idea that "elected" officials serve the public interest. Most politicians are corporate courtesans. Voters determine nothing, corporate checkbooks dictate. Since 1996, the presidential candidate who raises the most money during the year prior to the election gets the nomination.[612] This seems to have also been the case in 2008 between the two Democrat

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607. Ibid.

608. Andreas Moritz, Cancer Is Not A Disease - It's A Survival Mechanism, Enerchi Wellness Press, Kindle, 2009, Locations 1534–1541.

609. Right on the Money: The George W. Bush Profile, The Buying of the President 2000, Part 2 of 3, http://www.topplebush.com/article1_busdeal.shtml, viewed 6/24/2024.

610. Lying Under Oath, Bush & Co. Squelch Investigation of Contributor's Funeral Homes, http://www.realchange.org/bushjr.htm#funeral, viewed 6/24/2024.

611. Andrew Wheat, George W. Bush, Corporate Candidate, How Money Grows on the "Shrub," March 2000, http://multinationalmonitor.org/mm2000/00march/wheat.html, viewed 6/24/2024.

612. The Buying of the President 2004: Who's Really Bankrolling Bush & His Democratic Challengers and What They Expect In Return, January 9, 2004, http://www.democracynow.org/2004/1/9/the_buying_of_the_president_2004, viewed 6/24/2024.

contenders when Barack Obama raised $264,492,301 against Hillary Clinton's $193,492,741.[613]

The pharmaceutical industry made massive donations to Bush's presidential campaign. Without money from drug makers, HMO executives, lobbyists, and other pharmaceutical interests, he never would have taken office. Following is a breakdown for 2000 for Bush corporate contributors: drug companies $10,074,000; real estate $3,661,372; construction $3,472,821; agribusiness $2,148,624; gas and oil $1,463,799; and automotive $1,019,581 for a total of $21,840,197.[614] Total contributions in 2000 totaled $193,866,253, including two doctors who each contributed $50,000. Among the fifty states, Connecticut was the twelfth in the most donations for Bush, a Yale graduate. In 2004, when the total contributions totaled $374,659,453, Connecticut was fourteenth.[615]

Robert Wood Johnson IV, heir to the Johnson & Johnson fortune, helped to raise over $100,000 for Bush's 2000 presidential campaign. For the 2004 campaign, he raised over $200,000 for Bush.[616] There were two groups of people known as Super Power Rangers and Pioneers, people who willingly contributed between $100,000 and $300,000. Eli Lilly donated $1.6 million to Bush and the Republican Party.

By the time Bush made it to the White House, the Carlyle Group, whose history includes CIA ties, had interests in numerous defense companies through its buyouts and had made various arms deals and enjoyed corporate cronyism. Carlyle was the biggest beneficiary in the "largest increase in defense spending in history." Bush filled his administration with Carlyle associates, employees, friends, and business

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613. White House for Sale, http://www.whitehouseforsale.org/, viewed 6/12/2014.

614 Bush Contributors Exposed, http://www.knowthecandidates.org/ktc/bushcontributors.htm, viewed 5/30/2014.

615. George W Bush Biography and Political Campaign Contributions, United States Presidency, Political Campaign Contributions, Campaign Finance Information, 04 Election Cycle, http://www.campaignmoney.com/biography/george_w_bush.asp?cycle=04, viewed 5/30/2014.

616 Nhu Truong, Kathryn Olson, Sean Chitty, Omair Khan, Lauren Reinlie, Andrew Wheat, Money in Politex, A Guide to Money in the 2006 Texas Elections, http://info.tpj.org/reports/politex2006/index06.html, http://info.tpj.org/index.jsp, viewed 8/21/2014.

partners, including James Baker as his secretary of state.[617] In 2002, the United States purchased 45.5 percent of all global weapons and war-related services, from companies that Carlyle acquired. The 2004 military budget amounted to $400 billion, twice as much as all the NATO nations combined and more than the military buildup during Ronald Reagan's administration in the 1980s.[618]

The Carlyle Group's privately held portfolio included United Defense, BDM, Vinnell, US Investigations Services, Corporate Structures, EG&G, Federal Data Corporation, Lear Siegler, and Vought Aircraft. Richard Perle was chair of the Pentagon's Defense Policy Board and also had major investments in Mille East war preparations. Carlyle profits were directly tied to its connection to the Pentagon.[619] That's how the socially incestuous, tit-for-tat, ruling-class elite obtain power, exploit public funds, and confiscate land, money, guns, and children.[620] Corporate cronyism allotted Bush, the "Crown Prince of Privatization," the largest presidential war chest in American history (at least $117 million) for 2000, due to bundling, a tactic for circumventing federal election campaign limits.[621] This was in addition to what each of the parties raised.

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617. Dan Briody, The Iron Triangle: Inside the Secret World of the Carlyle Group, Wiley, New York, Kindle, 2008, Location 451.

618. Kevin Phillips, American Dynasty, Aristocracy, Fortune, and the Politics of Deceit in the House of Bush, Penguin Books, New York, 2004, pp. 272–277.

619. Ibid., pp. 272–277.

620. How Bush Really Made his Millions, http://www.bushwatch.com/bushmillions.html, viewed 5/30/2014.

621. Michael King, Circling the wagons: Don't say nothin' bad about our president -- or his friends, The Austin Chronicle, August 2, 2002.

What's Good for Texas Is Good for the Country

The TMAP Model of Mental Health

Under Governor Bush, the Texas Department of Mental Health and Mental Retardation (TDMHMR), the University of Texas Southwestern, and the mental health and corrections systems of Texas accepted the marketing proposal of several pharmaceutical companies for what became the Texas Medication Algorithm Project (TMAP), initiated in late 1997. The NIMH and the Department of Veterans Affairs (VA) also participated. A medical algorithm is a clinical-free computation, formula, statistical review, or table devised for health care personnel. Algorithms allow a health care professional to select a treatment protocol based on symptoms without considering the foundational cause of those symptoms. If A, B, and C are evident, then the doctor may simply select drug treatment Z and then move quickly on to the next patient.

TMAP was not the first algorithm project of its type proffered. In 1991, Dr. David N. Osser and Dr. Robert T. Patterson started the Harvard Psychopharmacology Algorithm Project. Its objective was to improve the quality of care through the promotion of evidence-based medicine using computerized algorithms. The two psychiatrists, who wanted to "speed the adoption of best research evidence into day-to-day treatment of patients," created algorithms for bipolar depression, bipolar mania, PTSD, schizophrenia, social anxiety disorder, and psychotic depression.[622] Osser, associated with the APA from which he has won awards, is on the editorial boards of the *Journal of Clinical*

622. Psychopharmacology Algorithm Project at the Harvard Medical School, Department of Psychiatry, South Shore Program, David N. Osser, M.D., Founder and Series Editor, http://psychopharm.mobi/, viewed 8/30/2014.

Psychopharmacology, International Drug Therapy Newsletter (renamed *Psychopharm Review*) and *Psychiatric Times.*

The Harvard group, now composed of several psychiatrists, said, "The most effective treatment modality for inpatients with severe psychotic depression is electroconvulsive therapy. The first-line psychopharmacological treatment is a combination of an antidepressant (either a tricyclic or a selective serotonin reuptake inhibitor) and an antipsychotic."[623]

Janssen Pharmaceutica, which operates a "specialty sales division devoted to public sector marketing," led the following drug companies in selecting the most accommodating state in developing, "financing and/or directly creating and marketing" the Medication Algorithm Project: Johnson & Johnson, Eli Lilly, and AstraZeneca Pfizer, Novartis, Janssen-Ortho-McNeil, GlaxoSmithKline, Abbott, Bristol-Myers Squibb, Wyeth-Ayerst Forrest Laboratories, and U.S. Pharmacopeia. Janssen Pharmaceutica aggressively developed the Medication Algorithm Project model that necessitates "compromising and influencing public officials" and by bypassing "governmental safeguards." The firms listed above financed the creation of the TMAP model that would exclusively utilize the drugs manufactured by the funding companies including Risperdal, Zyprexa, Seroquel, Geodon, Depakote, Paxil, Zoloft, Celexa, Wellbutrin, Zyban, Remeron, Serzone, Effexor, Buspar, Adderall, and Prozac.[624]

Whistleblower Allen Jones worked for the Commonwealth of Pennsylvania Office of Inspector General (OIG). He stated, "Drug industry money guided TMAP from conception through development and expansion to other states. The growth of TMAP began with misleading science. It grew and expanded with the aid of compromised public officials at all levels of our government. The industry was influencing state officials with trips, perks, lavish meals, transportation to and first-class accommodations in major cities. Some state employees were paid honorariums of up to $2,000 for speaking in their official

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623. Hesham M. Hamoda, MD, and David N. Osser, MD, The Psychopharmacology Algorithm Project at the Harvard South Shore Program: An Update on Psychotic Depression, http://www.harvardsouthshorepsychiatry.org/sites/default/files/2010_resident_research/res_research_PDFs/Hamoda_Depression.pdf, viewed 8/30/2014.

624. Allen Jones, Internet by the Law Project for Psychiatric Rights, January 20, 2004, p. 17, http://psychrights.org, viewed 4/19/2014.

capacities at drug-company sponsored events." Big Pharma, perhaps using a professional facilitator, may have maneuvered a consensus from a small group of politically appointed health officials in various states, who, ignoring all existing state safeguards, accepted and instituted the TMAP treatment model for their state.[625]

The pharmaceutical industry found that Texas, a highly political as well as a Republican state, was "uniquely suited" for a "marketing scheme" like TMAP. The industry, to legitimize its objectives, acquired political influence. Jones said that in Washington DC, in 1997, there were 1,662 registered lobbyists "representing 2,034 clients who earned $210 million dollars and spent many millions more to influence these legislators." Among those lobbyists, many of them represented drug companies and used those millions to purchase power.[626] In 2014, there are 1,300 lobbyists who primarily represent the health care and pharmaceutical industries. That is more than two per legislator. Just through July 2014, Eli Lilly and company spent $4,056,000 procuring the patronage of elected officials who are supposed to be maintaining and defending the indisputable interests of their constituents.[627]

In the Texas legislature, the power of the purse, there are 31 senators and 150 representatives, all of whom earned $7,500 per year and met every other year for 140 days during which most of them signed bills they do not bother to read or understand; therefore they are open to outside guidance. The other factors that made for a suitable, susceptible state were the presence of politically controlled universities, well-populated prisons, state hospitals, and the juvenile justice system. Texas has nearly 150,000 people warehoused in prisons and correction and detention facilities, more than any other state. Texas also had its share of "well financed lobbyists" who easily persuaded the legislators to adopt and authorize legislation that would make them look efficient in delivering beneficial health programs to the Texas citizens.[628] TMAP recruited "patients" from the prison system and the state hospitals. Medicaid or Medicare would

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625. Ibid.

626. Ibid.

627. Client Profile: Summary, 2014, Eli Lilly and Company, Open Secrets, http://www.opensecrets.org/lobby/clientsum.php?id=D000000166&year=2014, viewed 9/12/2014.

628. Allen Jones, Internet by the Law Project for Psychiatric Rights, January 20, 2004, p. 17, http://psychrights.org, viewed 4/19/2014.

pick up the costs for the drugs. Ohio implemented the TMAP model in 1999. In 2002, Ohio spent $145 million in Medicaid for patients participating in a similar program. The patients were prescribed drugs for schizophrenia.

With TMAP and TCMAP already in place, Johnson & Johnson awarded grant money, $300,000, for another program, the Texas Implementation of Medication Algorithms Project (TIMAP), a method to introduce and expand the TMAP and TCMAP to other states. Janssen and the other drug companies funded the expansion. By 2002, ten states were on board with TMAP. Janssen also financed the new research committee of the National Association of State Mental Health Program Directors (NASMHPD). Dr. Shon, a co-director of TMAP, wrote reports and articles for NASMHPD in which he praised TMAP and its treatments.[629]

In 2003, California, which calls its program California Medication Algorithm Project (CalMAP), spent more than $500 million through Medicaid just on the atypicals Risperdal, Zyprexa, and Seroquel. Beginning in 1996, the following states, besides Texas, initiated a Medication Algorithm Project: California, Colorado, Nevada, Illinois, Kentucky, New Mexico, New York, Ohio, Pennsylvania, South Carolina, Maryland, Missouri, and Washington DC. Various states implemented the depression and bipolar algorithms in addition to algorithms for children.[630]

Jones delineated some of the issues Pennsylvania's OIG chose to overlook. Janssen Pharmaceutica may have violated AMA and FDA guidelines, Federal Health and Human Services, OIG guidelines, and federal anti-kickback laws through the following:

1. Janssen made direct payments of money to state officials for representing Janssen products. The remuneration was far in excess of "reasonable value" ($2,000 for half-day presentations) and was made to officials who were in a position to influence the state drug formulary.

629. Ibid., p. 17.
630. Ibid.

2. Janssen provided trips, entertainment, and meals directly to the persons who were in key positions to accept or reject Janssen's product in the state formulary.
3. Janssen influenced, to the point of control, the content and materials in which Janssen had provided "educational grant" funding.
4. Janssen selected speakers for "educational grant" funded symposiums and paid travel expenses and honorariums to these speakers.
5. Janssen, through these symposiums and through direct contact with Pennsylvania officials, encouraged doctors to prescribe drugs in dosages that were not FDA approved.
6. Janssen, through these symposiums and through direct contact with Pennsylvania officials, encouraged doctors to prescribe medications for non-FDA-approved indications.
7. Janssen conspired with commonwealth employees to obtain data generated from the non-FDA-approved activities.
8. Janssen funded travel and expenses for commonwealth employees to represent Janssen in the employee's official state capacities.
9. Janssen's cooperation with other drug manufacturers in the advancement of TMAP has clear Anti-Trust and Racketeering implications. In addition to the drug company impropriety, the OIG had solid evidence that employees in addition to Fiorello had engaged in the same conduct. Yet Fiorello was the only one investigated and recommended for prosecution.[631]

Because of TMAP and TCMAP, the Texas Medicaid program was bankrupt by early 2001, as were the budgets of the state's mental health and prison systems. The state was paying more for psychiatric medications than for any other type, and the number of patients was increasing. State mental hospitals and prisons have a continuous movement of institutionalized individuals who receive treatment while in those facilities, leave with prescriptions, and continue the same treatment following their release, paid for by Medicaid or Medicare. The prison

631. Ibid.

system especially functions as a "patient recruitment and retention" for Big Pharma.[632]

The drug companies promoted their innovative, patented medications as "safer and more effective than the older, generic brands." The drug reps and lobbyists claimed that the new drugs treated the "symptoms of mental illness," but "without the troublesome side-effects often seen with conventional medications." The reps also told the legislators that doctors working for the state, those servicing the state hospitals and prisons, must select the "newest, most expensive drugs patented by the pharmaceutical companies" in the treatment of their patients. They were free to choose from among those specified drugs and could not use the cheaper generics unless the more expensive drugs failed.[633]

Texas lawmakers enlarged Medicaid to cover previously unqualified individuals so that they could acquire mental health drugs. Then they increased the budget to pay for those drugs for individuals within the Texas mental health and prison systems. Bush, in favor of TMAP and an increased budget, asked for even more money—$67 million for additional mental health drugs for FY 2000–01, for the Texas prison and mental health systems. In 1995, Texas had implemented TMAP in the prison system, juvenile justice system, and in the state mental health hospitals, which benefitted the pharmaceutical firms and "their most expensive drugs." TMAP was an alliance of those specific drug firms, the Texas State University, and the mental health and corrections systems. Johnson & Johnson, the owners of Janssen Pharmaceutica and Janssen/Ortho McNeil, provided an initial grant of 1.7 million from the Robert Wood Johnson Foundation.[634]

To legitimize TMAP, the drug companies hired psychiatrists, similar to the individuals who devised the various disorders for the *DSM*, to decide which drugs would be appropriate to use. The psychiatrists did not employ hard evidence, review case studies or clinical trials, but just offered their opinions, most likely based on their numerous financial ties with several of the drug companies. It seems that a consensus, rather than science, is behind voluminous decisions that affect a lot of trusting people. The "Expert Consensus" method was TMAP's standard for

632. Ibid.
633. Ibid.
634. Ibid.

creating the façade of authority for the specific drugs it utilized from 1996 to 2003.

The drug companies selected doctors who had already established a name through their published articles in which they advocated the newest drugs. These doctors, with strong connections to the drug industry, included Dr. Jack Gorman who had resigned from a top position at New York's Psychiatric Institute after a newspaper article divulged that he had accepted over $140,000 from drug firms from April 1, 1997, to March 31, 1998. Gorman had also received speaking fees, travel, board memberships, and consulting fees from Janssen, Johnson & Johnson, Eli Lilly, and Pfizer. He received $12,000 from Pfizer while he was conducting a research project for Pfizer. The stories are pretty much the same for the other twelve researchers who were profiting from drug company payoffs, including the head of the Psychiatric Institute's *Patient Protection Panel*. The institute had conducted Prozac experiments on children without telling the parents about the risks.[635]

Dr. Gorman was the president of the Harvard Medical School–affiliated McLean Hospital (through 2006). He was a professor and chair of the Department of Psychiatry at Columbia University, New York (through 2002). The New York State Board suspended his license for at least six months for "inappropriate sexual contact with the patient" (September 30, 2007). Gorman received consulting fees from Pfizer, Eli Lilly, Bristol-Myers Squibb, Wyeth-Ayerst, GlaxoSmithKline, Janssen, AstraZeneca, Organon, Forest, Lundbeck, Solvay, Merck, Sanofi-Sythelabo, UCB Pharma, Purdue, Aventis, Xenova Ltd., Alkermes, Theracos, Biovail Technologies, Novartis, Cephalon, and Pharmacia.[636]

Dr. Steven Shon was the coauthor or *The Factor Structure of the Brief Psychiatric Rating Scale Expanded Version in a Large Diverse Sample of Psychiatric Patients*, partly funded by Forest Laboratories. Shon was the medical director of the Texas Department of Mental Health and Mental Retardation in Austin. Shon was also the coauthor of *Clinician Adherence to a Major Depressive Disorder Algorithm in the Texas Public Mental Health Sector*. It was sponsored in part by Bristol-Myers Squibb, Eli Lilly,

635. Ibid.

636. The Integrity in Science Database, Monitoring, Exposing, and Opposing Conflicts, http://www.cspinet.org/integrity/index.html, viewed 3/24/2014.

Glaxo-Wellcome, Janssen Pharmaceutica, Novartis, Pfizer, and Wyeth-Ayerst Laboratories. Shon became a co-director of TMAP.[637]

The children's "expert consensus panel" included Dr. Graham J. Emslie and Dr. Karen Dineen Wagner. Dr. Emslie helped design the TMAP guidelines and participated in two Prozac trials, one of which had negative results. Emslie was professor and chair, Division of Child and Adolescent Psychiatry, University of Texas Southwestern Medical Center (a TMAP site), and director of the Bob Smith Center for Research in Pediatric Psychiatry in Dallas. He was a consultant and a member of speaker's bureaus for Bristol-Myers Squibb, Eli Lilly, McNeil, Otsuka, and Wyeth-Ayerst. He also received grant or research support from Novartis. Emslie was also a consultant to GlaxoSmithKline, Forest, and Pfizer and received research support from Eli Lilly, Organon, and Wyeth-Ayerst. He was a member of the speaker's bureau for McNeil.[638] These companies funded and sold their drugs to Texas for TMAP.

Dr. Karen Dineen Wagner, associated with the University of Texas Medical Branch in Galveston, and her colleagues conducted a study on Pfizer's Zoloft, an SSRI. She told the panel that Zoloft was "safe, effective and well tolerated in children." In 1998, based on the "consensus opinion" of Emslie, Wagner, and others and without a clinical trial, the TCMAP began using SSRIs on children within the Texas state juvenile justice system and state foster care system. Between 1999 and 2003, antidepressant-drug prescriptions for children in the United States increased more than 500 percent, which had tragic consequences.[639]

According to *JAMA*, Dr. Wagner, a patient advocate, was a consultant to Wyeth-Ayerst and was on the scientific advisory board for Abbott Laboratories, Eli Lilly, Forest Laboratories, GlaxoSmithKline, Novartis, Otsuka, Janssen, Pfizer, UCB Pharma, and Wyeth-Ayerst. She also received research support and financing from Abbott, Bristol-Myers Squibb, Eli Lilly, Forest Laboratories, Novartis, Otsuka, Janssen, Pfizer, UCB Pharma, GlaxoSmithKline, Organon, Pfizer, and Wyeth-Ayerst. She was the NIMH consultant to Abbott, Bristol-Myers Squibb, Cyberonics, Eli Lilly, Forest Laboratories, and GlaxoSmithKline and

637. Ibid.

638. Ibid.

639. Allen Jones, Internet by the Law Project for Psychiatric Rights, January 20, 2004, p. 17, http://psychrights.org, viewed 4/19/2014.

was a member of the speaker's bureau for Abbott Laboratories, Eli Lilly, Janssen GlaxoSmithKline, Forest Laboratories, Pfizer, and Novartis.[640]

The "expert consensus" panel recommended Paxil, then a new relatively untested drug, to the TCMAP, which was then prescribed for the treatment of children. Dr. Wagner was a consultant for Paxil, manufactured by GlaxoSmithKline. Paxil has deadly side effects and has been named in a number of lawsuits and is a causal factor among adolescents of several school shootings as well as murder and suicide. June of 2003, the FDA finally issued a warning that Paxil should not be prescribed to persons under the age of eighteen because of the number of suicides by children taking this drug.[641]

The authors of the Viola Wegerer study (1999) warn that dispensing SSRI antidepressants to children and youth, whose brains are not fully developed, may cause permanent damage to the frontal lobes or irreversible brain dysfunction in the same way that old-fashioned remedies, such as lobotomies, worked. Researchers at the Wayne State University School of Medicine evaluated children with obsessive-compulsive disorder before and after taking Paxil. That drug causes brain tissue shrinkage in the thalamus area. Drug-induced brain changes are permanent. Science does not fully understand how the serotonin system functions in the brain. SSRIs disrupt and damage that system. Taking Prozac or other SSRIs is dangerous, "a chemical thrust into the largely unexplored, unmapped region of life that is your brain."[642]

The pharmaceutical industry had already developed expensive antidepressant and antipsychotic drugs for an increasing market. TMAP, a protocol for the treatment of mental illness, legitimized the idea of taking drugs and accepting psychological profiling and the expansion of a coercive mental health treatment program. While they initially designed the program for schoolchildren, they planned to expand the program to

640. The Integrity in Science Database, Monitoring, Exposing, and Opposing Conflicts, http://www.cspinet.org/integrity/index.html, viewed 3/24/2014.

641. Allen Jones, Internet by the Law Project for Psychiatric Rights, January 20, 2004, p. 17, http://psychrights.org, viewed 4/19/2014.

642. Peter Breggin, The Antidepressant Fact Book: What Your Doctor Won't Tell You About Prozac, Zoloft, Paxil, Celexa, And Luvox, Da Capo Press, Cambridge, Massachusetts, Kindle, 2009, Locations 590–605, 695–701.

include the people covered by the Individuals with Disabilities Education Act (IDEA).[643]

Critics justifiably claim that via TMAP, Big Pharma influenced elected officials to gain access to citizens in prisons and state psychiatric hospitals. Jones was the person primarily responsible for bringing these issues to the public's attention. He stated in his report that a "political/ pharmaceutical alliance" was the basis of the proposals of the New Freedom Commission, as developed in the Texas model, explicitly to promote the use of newer, more expensive antipsychotics and antidepressants. He said this alliance wanted a "comprehensive national policy to treat mental illness with expensive, patented medications of questionable benefit and deadly side effects, and to force private insurers to pick up more of the tab."[644]

In 1997–98, with funding from Big Pharma, TMAP initiated the TCMAP. They assembled an "Expert Consensus" panel to evaluate the most appropriate drugs, the same drugs that they used to treat adults to treat the mental and emotional problems in children and adolescents. The Texas Legislature adopted TMAP by 1999 and passed numerous bills to fund the project's "ever-increasing drug costs," including extending Medicaid eligibility to more families so they could purchase high-cost drugs after "discharge from institutions."[645]

In 1999, TMAP endorsed the use of SSRIs in children considered depressed. Eli Lilly had already conducted a clinical trial of Prozac in children, as well as trials for other drugs. In 2002, the FDA would approve of Prozac for treating depression in children and a provisional approval for GlaxoSmithKline's Paxil. The FDA was also considering Zoloft for children. *Newsweek* published an article claiming there were three million depressed American adolescents to coincide with World Mental Health Day in 2002. The article suggested that these children had an increased risk of career failure, divorce, alcoholism, and suicide, which they could avoid with the new SSRIs then awaiting approval. It also suggested that failing to provide such medication is akin to withholding

643. B. K. Eakman, *Walking Targets*, Midnight Whistler Publishers, Raleigh, North Carolina, Kindle, 2007, Location 146–148.

644. Allen Jones, Internet by the Law Project for Psychiatric Rights, January 20, 2004, p. 17, http://psychrights.org, viewed 4/19/2014.

645. Ibid.

an antibiotic from a child who has a "life-threatening infection."[646] Between 1998 and 2003, doctors in Texas followed the TCMAP requirements and prescribed antidepressant drugs to children and most likely would continue to do so.[647]

Eli Lilly had two Prozac trials. The second study in 2002 had negative results. After the study's first week, Lilly excluded all the children who experienced either a bad reaction to Prozac or a good response to placebo. Out of at least fifteen studies, Lilly published only six. All the unpublished studies were negative. The published studies for Paxil, Prozac, and Zoloft were manipulated so that negative results were skewed to show positive responses. Actually, the drugs are ineffective and conceal issues or create problems more serious than the initial purpose for the treatment.[648]

Bush and his associates envisioned TMAP as a mental health assessment and treatment model for the whole country. TMAP's seven stages in *Strategies for the Treatment of Major Depression* is the Standard of Care for depression as follows:

Stage 1: The physician may choose one drug from the approved SSRIs (Prozac, Paxil, Zoloft, or Celexa) or prescribe another antidepressant, such as Wellbutrin, Serzone, Effexor, or Remeron.

Stage 2: The physician may choose any one of the sertraline, fluoxetine, paroxetine, or citalopram, bupropion sustained release, nefazedone, venlafaxine extended release, mirtazapine, or a tricyclic antidepressant.

Stage 3: The physician may choose either a selective serotonin reuptake inhibitor (sertraline, fluoxetine, paroxetine or citalopram), bupropion sustained release, nefazedone, venlafaxine extended release, mirtazapine, a tricyclic antidepressant or a monoamine oxidase inhibitor.

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646. David Healy, Pharmageddon, University of California Press, Berkeley, Los Angeles, Kindle, 2012, pp. 145–147.

647. Allen Jones, Internet by the Law Project for Psychiatric Rights, January 20, 2004, p. 10, http://psychrights.org, viewed 4/19/2014.

648. David Healy, Pharmageddon, University of California Press, Berkeley, Los Angeles, Kindle, 2012, pp. 145–147.

Stage 4: If the patient has not previously tried lithium augmentation, then this would now be tried. If it has been previously tried and failed, then this step would be skipped. If lithium augmentation works, then the patient would continue with it.

Stage 5: Stage 5 involves the use of a combination of antidepressants, such as

- a tricyclic plus a selective serotonin reuptake inhibitor,
- Nefazedone plus a selective serotonin reuptake inhibitor,
- Bupropion sustained release plus a selective serotonin reuptake inhibitor, and
- Bupropion sustained release plus nefazedone.

Stage 6: The patient would receive electroconvulsive therapy. If the patient responds to therapy, then he would continue with treatment. If the patient doesn't respond or only partially responds, then he would proceed to stage 7.

Stage 7: At this point, the physician can continue to try different medications or combinations of medications.[649]

649. TMAP Algorithm for the Treatment of Major Depression, September 26, 2013, http://depression.about.com/od/treatments/ss/depression-treatement-algorithm_2.htm#step-heading, viewed 4/19/2014, See also Patient Education Plan Guidebook, **www.dshs.state.tx.us**/mhprograms/pdf/ptedplan.pdf.

Planting Another Bush at the White House

Many Skull and Bones (S&B) member families acquired their fortunes through drug trafficking—Coffin, Sloane, Taft, Bundy, Payne, Whitney, and others.[650] Drug peddling, in the 1800s or currently, appears to play a significant part in gaining political power as drug peddlers use politicians to enact laws for compulsory drugs/vaccines while criminalizing natural plants. The drug industry and the federal government collaborate in legalized drug trafficking.

Antony C. Sutton, in describing the Order of Skull and Bones (S&B), or the Brotherhood of Death, wrote, "The activities of The Order are directed towards changing our society, changing the world, to bring about a New World Order . . . The elements in society that will require significant focus are: education, money, law, politics, economy, history, psychology, philanthropy, medicine, religion, media and continuity, the power to appoint who follows in your footsteps."[651] Members have infiltrated "just about every significant research, policy, opinion-making organization . . . in addition to the church, business, law, government and politics."[652]

"The most likely potential member is from a Bones family, who is energetic, resourceful, political and probably an amoral team player. A man who understands that to get along you have to go along. A man who will sacrifice himself for the good of the team . . . In real life the thrust of The Order is to bring about certain objectives. Honors and financial rewards are guaranteed by the power of The Order."[653] George

650. China and the Opium Wars, http://www.meta-religion.com/Secret_societies/Groups/Order_of_Skull/_part_5.htm, viewed 6/10/2014.

651. Antony C. Sutton, America's Secret Establishment, An Introduction to the Order of Skull & Bones, Trine Day, Walterville, Oregon, 2002, pp. 31-32.

652. Ibid., p. 25.

653. Ibid., pp. 6–7.

W. Bush, whose father and grandfather were also members, remarked, "My senior year, I joined Skull and Bones, a secret society, so secret I can't say anything more."[654]

George H. W. Bush was the UN ambassador (1971–73), the chairman of the Republican National Committee (1973–74), then went to China to oversee the drug trade (1974–75), followed by a stint as CIA director (1976–77). Some researchers maintain that Bush joined the CIA in the early 1950s in order to organize the worldwide narcotics industry, the world's biggest business. Those researchers suggest that the main reason for the invasion of Vietnam was to consolidate the Golden Triangle.[655] Bush was vice president from January 20, 1981, to January 20, 1989.

On March 23, 1983, President Ronald Regan created the National Narcotics Border Interdiction System (NNBIS) and placed it under the direction of Bush. The NNBIS was established to interdict the flow of drugs into the United States.[656] Bush, after he became president (1989–1993), citing a new enemy, declared a well-publicized, highly funded war against drugs that functioned as the pretext to invade Panama on December 20, 1989, to seize Manuel Noriega who had allegedly been on the CIA's payroll. This invasion killed, according to Panamanian investigators, thousands of poor people. The US government tried Noriega in Miami on eight counts of drug trafficking, racketeering, and money laundering and sentenced him to forty years.

Bush popularized the slogan Trade Not Aid, first used in the 1960s, which was supposed to encourage farmers in third world countries to grow legitimate crops instead of drug-producing crops. This free-trade slogan became the kickoff for NAFTA, which led to the outsourcing of American production. In 1990, Bush made the "drug problem" his top priority. The first invasion of Iraq occurred on August 2, 1990, under Bush while the second invasion of Iraq occurred under his son. Warfare

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654. The Enlightenment, Freemasonry, and The Illuminati by Conrad Goeringer, p. 186, http://www.atheists.org/Atheism/roots/enlightenment, viewed 6/10/2014.

655. Kris Millegan, The Order of the Skull and Bones, China and the Opium Wars, http://ctrl.org/essay1/index.html, viewed 6/10/2014.

656. Announcement of the Establishment of the National Narcotics Border Interdiction System

March 23, 1983, http://www.reagan.utexas.edu/archives/speeches/1983/32383c.htm, viewed 6/27/2014.

puts more people under the authority of the government than almost any other circumstance. Especially since 1944, the government and the drug industry have used the military personnel as guinea pigs. The government is one of the industry's biggest customers.

Bush appointed retired Bristol-Myers Squibb vice chairman Bruce Gelb as chief of the US Information Agency and ambassador to Belgium. Executives at Bristol-Myers, before the 2000 election of George W. Bush, told lower-level executives to make big donations to the Bush campaign or they would inform CEO Charles Heimbold Jr. The elder Bush was on the Eli Lilly board of directors (1977–1979) as was Ken Lay, former Enron CEO.

The Bush family and Eli Lilly had numerous connections. George W. Bush, as president, appointed Lilly CEO Sidney Taurel as a Homeland Security Advisory Council member. Taurel is a past president of the PhRMA of which all the major drug companies are members. Bush appointed Mitch as the director of the Office of Management and Budget. Daniels had previous been with Eli Lilly as the VP in charge of Corporate Affairs (1990–93), the president of North American Pharmaceutical Operations (1993–97) and the senior VP in charge of Corporate Strategy and Policy (1997–2000).[657] Eli Lilly enjoyed rapid growth during Daniels's tenure at the company. Sales of Prozac constituted 30 to 40 percent of Lilly's income in the mid to late 1990s. Lilly doubled its assets to $12.8 billion and its revenue to $10 billion during that time.[658] Daniels was governor of Indiana (2005–2013). Eli Lilly's headquarters are in Indianapolis.

In 2002, Senator William H. Frist and DHHS secretary Tommy Thompson recommended Dr. Alistair Wood, professor of clinical pharmacology at Vanderbilt University, as the FDA commissioner. He supported strong regulatory policies by the FDA, which may have disturbed pharmaceutical executives. Bush, with close connections to the drug industry, soon changed his mind and Dr. Wood was no longer a candidate. Someone quoted Senator Frist who said, "There was

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657 Mitch Daniels, NNDB, http://www.nndb.com/people/353/000087092/, viewed 6/12/2014.

658 Joanne Kenen and Rochelle Sharpe, Mitch Daniels—The Eli Lilly Years, May 12, 2011, http://gooznews.com/?p=2831, viewed 6/12/2014.

a great deal of concern that he (Wood) put too much emphasis on (drug) safety."[659]

Frist, formerly a heart and lung transplant surgeon, received $873,000 in contributions from Big Pharma. In both 2005 and 2006, he would be named one of the "Most Corrupt Members of Congress." He favored the Patient Protection and Affordable Care Act and protected the vaccine manufacturers from liability in 4,200 lawsuits. He added a provision into an antiterrorism bill that would deny compensation to children suffering from vaccine-related brain disorders. It is difficult to get elected to public office without the financial support of pharmaceutical companies. They control medical schools, the doctors, and the politicians.

Dr. Raymond Woosley, an earlier candidate for the FDA position, remarked, "It is pretty clear that anyone who has said anything that (the) industry doesn't like isn't going to make it." Bush chose industry-approved Dr. Mark B. McClellan, son of Carole Keeton McClellan Strayhorn, then Texas comptroller and a former three-time mayor of Austin. She consistently supported Big Pharma and promoted the TMAP program.[660] McClellan assumed the FDA office on November 14, 2002. Mark's brother, Scott McClellan, was Bush's advisor and deputy press secretary.

Many individuals, especially older people, wanted a Medicare prescription drug benefit. Government officials should manage the policies and practices, including price negotiation within the Medicare program, just as other major buyers do. Instead, the drug industry, using its political influence, would not "allow" a drug benefit "that included price negotiations." Congress willingly relinquished its power to "transfer billions of extra dollars from taxpayers to the drug companies and pharmacy benefit managers rather than cross Big Pharma."[661]

According to the *New York Times*, of June 13, 2003, Bush announced policies that would make it much easier for drug companies to introduce lower-cost generic versions of prescription drugs, which took effect on August 18. Bush said that the FDA would no longer "block generics

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659. Marcia Angell, The Truth about the Drug Companies, How they Deceive us and What to do about it, Random House Publishing Group, New York, Kindle, 2004, Locations 2596–2619.

660. Ibid., Locations 2596–2619.

661. Ibid., Locations 2410–2421.

because of patent disputes." Companies would "bring generic drugs to the market much more quickly, in some cases, years earlier." Under the FDA rules, there was a thirty-month delay for each patent infringement suit when the FDA was considering generic versions of a drug. Bush said the law would restrict drug makers to a "single 30-month regulatory delay to sort out patent disputes." The Senate bill, sponsored by Charles Schumer, "would add prescription drug coverage to Medicare, one of the largest expansions in the government's social safety net in decades."[662]

On June 25, 2003, Representative Dennis J. Hastert introduced the legislation for the Medicare Modernization Act (MMA), which produced the largest overhaul of Medicare since its establishment on July 30, 1965. Since then, the role of prescription drugs in patient care has significantly increased. Bush signed it into law on December 8, 2003. This amended Title 18 of the Social Security Act to provide for a voluntary prescription drug benefit under the Medicare program. While this act seems well-meaning, it spells profits for the drug companies. People often exploit something that is ostensibly free. Initially, the net cost of the program was projected at $400 billion for the ten-year period (2004–2013). Ultimately, as of February 2009, the projected net cost of the program (2006–2015) was $549.2 billion.

This legislation shifted the cost of psychiatric medications from each state to the federal Medicare program with very little oversight from the Centers for Medicare & Medicaid Services (CMS). Prescription copayments are nominal, and the taxpayer picks up the tab while the profits go to the pharmaceutical companies. When an individual becomes a ward of the state, whether in the prison system, a mental hospital, or outpatient facility, a nursing facility, then they become prime targets and it is open season for the drug companies. Someone else decides their psychological fate while the drug companies maximize their profits.

According to CMS, the Medicaid program provided health care services to more than 46 million people in 2001. In 2002, Medicaid enrollees numbered 39.9 million, most of them children (18.4 million). Forty-three million Americans were enrolled in 2004 (19.7 million were

662. Richard W. Stevenson, Bush Announces an Easing of Rules on New Generic Drugs, The New York Times, June 13, 2003, http://www.nytimes.com/2003/06/13/us/bush-announces-an-easing-of-rules-on-new-generic-drugs.html, viewed 6/21/2014.

children) at a total cost of $295 billion. In 2004, Dr. Mark B. McClellan became the head of the CMS (2004–2006).[663] In that position, he administered the government programs, including Medicare Part D, the prescription drug benefit program engendered by the Medicare Prescription Drug Improvement and Modernization Act, signed by Bush on December 8, 2003.

In 2008, Medicaid provided health coverage and services to approximately 49 million low-income children, pregnant women, elderly people, and disabled people. In 2009, 62.9 million Americans were enrolled in Medicaid. Unlike Medicare, a joint federal-state program, the states pick up part of the costs while the federal government pays about 57 percent of the expenses. This is obviously going to reduce the funds for other state-funded projects, like infrastructure maintenance. Federal Medicaid expenses were about $204 billion in 2008. The Patient Protection and Affordable Care Act, passed in 2010, provides mental health services and prescription drugs and nursing facility care for those under the age of twenty-one.

663. Marcia Angell, The Truth about the Drug Companies, How they Deceive us and What to do about it, Random House Publishing Group, New York, Kindle, 2004, Locations 2596–2619.

Mental Health Screening, Conduit for Psych Drugs

On April 29, 2002, President George W. Bush created the twenty-two-member New Freedom Commission on Mental Health (NFC) to evaluate America's mental health service delivery system that would allow Americans with mental disorders greater access to mental health care. The Big Pharma–supported NFC was an expert consensus panel with a preconceived mission to legitimize TMAP as a national model. Fourteen of its members had ties to TMAP. On February 5, 2003, an NFC subcommittee issued its report, *Promoting, Preserving and Restoring Children's Mental Health*. On July 22, the NFC, headed by Michael F. Hogan, the Ohio State director, presented its final report on how to restructure the mental health systems in every state, *Achieving the Promise: Transforming Mental Health Care in America*. This transformation would require the cooperation of primary care doctors who would focus more on mental health issues. Schools, child-welfare programs, the criminal and juvenile justice system would incorporate screening in order to identify and treat potential mental health issues.

Hogan was a member of TeenScreen's Advisory Council and the National Association of State Mental Health Program Directors (NASMHPD). He was the former president of both NASMHPD and the NASMHPD Research Institute (NRI) and was on the NRI Board of Directors. Janssen Pharmaceuticals and Eli Lilly heavily supported both entities.

Hogan and the California State director, Stephen W. Mayberg, both on the NFC panel, were also active on the Janssen advisory board. Janssen attempted to influence state mental health systems and key state employees by financing trips, cash payments, and other incentives to get people to adopt TMAP for their state. Janssen managed to entice Charles Curie, an official in Pennsylvania, who embraced TMAP, accepted Big Pharma "educational grants," and went on to become the head of the

federal Substance Abuse and Mental Health Services Agency (SAMHSA). In that position, he praised the efforts of TMAP.[664]

Curie, former deputy secretary of Public Welfare for Mental Health and Substance Abuse Services in Pennsylvania, directed the $3-billion-per-year agency that houses the Center for Mental Health Services (CMHS), the Center for Substance Abuse Prevention (CSAP), and the Center for Substance Abuse Treatment (CSAT). In Pennsylvania, Curie, who received accolades from Governor Tom Ridge, headed a department with 5,900 employees, ten state mental hospitals, and forty-five community mental health programs. Ridge said, "He also has been at the forefront of retooling Pennsylvania's mental health system."[665] He resigned from SAMHSA, effective August 5, 2006. *NAMI News* applauded his efforts in helping to establish the NFC and "developing an action plan from its recommendations."[666]

In America, doctors have prescribed psychiatric drugs to almost 500 percent more children in the last decade because the NFC determined that an insufficient number of adolescents were "benefiting from mental health treatment." Therefore, the NFC recommended mandatory mental health screening for *all high school students*, with accompanying treatment as required.[667] In 1999, according to the US Surgeon General, about "20 percent of American children suffer from a diagnosable mental illness during a given year."[668]

Picking up from where Screening for Mental Health (SMH) left off, Bush's new NFC recommends screening for every adolescent in the nation. In 2004, he signed legislation authorizing $82 million

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664. Allen Jones, Internet by the Law Project for Psychiatric Rights, January 20, 2004, p. 17, http://psychrights.org, viewed 4/19/2014.

665. October 2001 NASW News, National Association of Social Workers, Inc., Member Named to Head SAMHSA, http://www.naswdc.org/pubs/news/2001/10/samhsa.htm, viewed 8/30/2014.

666. SAMHSA Administrator Charles Curie Resigns; Leadership Marked by Achievement, Statement of Michael J. Fitzpatrick, NAMI Executive Director, May 25, 2006, http://www.nami.org/Template.cfm?Section=Press_Release_Archive&template=/contentmanagement/contentdisplay.cfm&ContentID=36414, viewed 8/30/2014.

667. Allen Jones, Internet by the Law Project for Psychiatric Rights, January 20, 2004, p. 10, http://psychrights.org, viewed 4/19/2014.

668. Mental Illness in Children, http://www.webmd.com/anxiety-panic/mental-health-illness-in-children, viewed 8/30/2014.

to fund screening programs starting in the sixth grade. Adolescents often experience conditions and transient problems that cause distress. Screening cannot differentiate between normal emotions and mental disturbances and may predictably produce a false/positive, as in so many other health screenings. There is no scientific evidence to support the efficacy of screening. The *DMS* criterion makes it relatively easy to diagnose anyone with a mental disorder. Then there are "expert" opinions that suggest that "up to a third of adolescents will experience episodes of MDD by age 20." Screening programs initially ask very general yes-or-no questions that, given the answers, may lead to additional questions about "specific symptoms."[669]

Dr. H. Gilbert Welch states, "We screen for abnormalities in your heart and your blood vessels; we screen for metabolic abnormalities (such as diabetes and hypothyroidism); we screen for osteoporosis in your skeleton; and we even screen for abnormalities in your baby in utero . . . the tests we use to screen go well beyond images of anatomic organs . . . the underlying paradigm of all this screening is the same: We are looking hard to find something wrong because of the belief that early diagnosis—and subsequent intervention—improves health."[670] Screening is profitable, surgery is profitable, and the massive use of medications is extremely profitable. Treating market-based illnesses produce profit. Cures and the health maintenance are unprofitable.

The NFC reported that "despite their prevalence, mental disorders often go undiagnosed" and recommended comprehensive mental health screening for "consumers of all ages," including preschool children. Opponents questioned the NFC's objectives, contending that such actions largely benefitted the profit-seeking pharmaceutical industry, which eagerly wishes to expand its market and place the majority of the citizens on psychiatric drugs.

The NFC Executive Summary stated, "We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected

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669. Allan V. Horwitz, Jerome C. Wakefield, *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder*, Oxford University Press, New York, 2007, pp. 154–161.

670. H. Gilbert Welch, Lisa Schwartzl; Steve Woloshin, *Overdiagnosed: Making People Sick in the Pursuit of Health*, Beacon Press, Boston, Kindle, 2011, Locations 2450–2455.

early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports—essentials for living, working, learning, and participating fully in the community." Bush, in establishing the NFC, demonstrated his endorsement for tax-dollar-funded psychiatric screening for every child, many of which a psychiatrist would say required treatment with mind-altering drugs.[671]

Screening: Seeking New Drug Consumers

Barry Groves points out that "screening for disease is promoted as a preventive measure. It is not: if a disease is found it hasn't been prevented. With considerable evidence of adverse effects, medical screening seems merely a pretext to increase the 'patient base' and identify a market for increased drug sales, with precious little evidence of benefit to the 'patients.'"[672] The health care industry prefers that the population view the screening for diseases as preventive medicine. As luck would have it, there just happens to be an effective, often newly discovered treatment readily available for the specific malady for which they are screening.[673]

As part of the human condition, we have all experienced emotions such as indecisiveness, lack of focus, or irritability. Other "loaded" questions on a screening questionnaire might include fears of heights, or insects, or queries about weight. There inevitably are questions about hurting yourself or someone else either recently or ever, or questions about attempted suicide. An impressionable person who has never contemplated suicide before might now, after considering that the feelings he or she has are atypical. The psychiatric industry, with its *DSM*, labels what has always been characteristic human behavior as a disease just to increase profits at the expense of millions of people.[674]

People frequently fail to comprehend the objectives behind mental health screening and praise it by referring to studies that test people

671. Kelly Patricia O'Meara *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill*, AuthorHouse, Bloomington, Indiana, Kindle, 2006, Locations 2662–2665, 2645–2647.

672. Barry Groves, Trick and Treat: how 'health eating' is making us ill, Hammersmith Books Limited, London, Kindle, 2008, Locations 857-859.

673. Ibid., Locations 893-895, 898-899.

674. Julian Whitaker, Say No to Mental Health Screening, CCHR, http://www.cchrint.org/issues/mental-health-screening, viewed 5/3/2014.

for depression who are then provided with care. The industry uses it to find people to treat, not with compassionate talk therapy, but with drugs. The worldwide screening guidelines promote the intensification of depression screening allegedly to assist and guide mentally ill patients toward recovery. Organizations have developed programs for the stated purpose of preventing teenage depression and suicide, as if parents are inept and unable to determine if their child was depressed or suicidal. Columbia University's TeenScreen claims, "80 per cent of mentally ill youth are not identified and do not receive services." Screening advocates want to screen every American teenager, insisting that "screening can help find those youth who are suffering from undiagnosed mental illness or are at risk for suicide."[675]

Doctors or nonmedical screening advocates authoritatively state that it will "save lives." In the case of mental health screening, it will alert parents to their children's challenges. Well, what reasonable person would not want to help children? The teenage years are fraught with trials. There are increasing incidents of depression and suicide. The CDC states that for the age group fifteen to twenty-four, suicide is the third main cause of death. It seems reasonable to screen, treat, and prevent potential suicides. Theoretically, like all medical screening, it sounds advantageous, but Dr. Alan Cassels maintains it is actually "disastrous in practice." Bush's NFC recommended mental health screening for "consumers of all ages," including preschool children. The NFC viewed TeenScreen as a "model program."[676] TeenScreen terminated its operations at the end of 2012 after several years of justified criticism about its methods.[677]

Many people rightly accused TeenScreen of acting in behalf of the drug industry as it was a "publicly sanctioned method of delivering millions of teenage children into the waiting arms of pharmaceutical

675. Alan Cassels, *Seeking Sickness: Medical Screening and the Misguided Hunt for Disease*, Greystone Books, Vancouver, BC Canada, Kindle, 2012, pp. 83–86.

676. Ibid., pp. 83–86.

677. Blythe Bernhard, TeenScreen mental health program for high schools closes down, St. Louis Post-Dispatch, December 13, 2012, http://www.stltoday.com/lifestyles/health-med-fit/health/teenscreen-mental-health-program-for-high-schools-closes-down/article_c2386578-940d-59b8-8cc2-cb490ae9821c.html, viewed 6/26/2014.

marketers." The drug-industry-funded NAMI also supported screening.[678] Industry-connected people assisted the NFC in devising its guidelines, one of which was the use of the TMAP treatment protocol. TMAP mandated treatment with the "newest, most expensive brand-name antidepressants and antipsychotics."[679] In 2011, a study showed that antipsychotics shrink brain tissue as previously suggested by Dr. Peter R. Breggin. Psychiatrists claim that antipsychotics are essentially benign and necessary.[680]

TeenScreen used extremely ambiguous questions, and anyone who feels even mildly depressed, for whatever reason, will probably answer yes. TeenScreen used a questionnaire called the PHQ-9 Modified for Teens, adapted from the Pfizer-funded Patient Health Questionnaire (PHQ)[681] devised by Dr. Robert L. Spitzer and others.[682] The PHQ diagnoses major depression if someone has at least five symptoms, whereas it will diagnose other "diseases" if only two symptoms exist. The use of the PHQ is becoming "common practice in primary care settings." The *DSM* criterion, with its hundreds of "symptoms," is easy to use in the screening process. One may just have two symptoms that is enough for a diagnosis and a drug. It is now common practice during a routine visit to a doctor's office or to a hospital emergency room to have a mental health screening. Under these circumstances, about sixty million people a year would screen positively for major depression disorder (MDD) or some other disorder by their primary care physician. With repeated screening, doctors will falsely diagnose and potentially treat much of the population

678. NAMI Responds to Attacks on Mental Health Screening and President Bush's New Freedom Commission Report, https://www.nami.org/Template.cfm?Section=schools_and_education&template=/ContentManagement/ContentDisplay.cfm&ContentID=40804, viewed 4/26/2014.

679. Alan Cassels, *Seeking Sickness: Medical Screening and the Misguided Hunt for Disease*, Greystone Books, Vancouver, BC Canada, Kindle, 2012, pp. 83–86.

680. Joanna Moncrieff, Antipsychotics and Brain Shrinkage: An Update, June 19, 2013, https://www.madinamerica.com/2013/06/antipsychotics-and-brain-shrinkage-an-update, viewed 6/6/2014.

681. PHQ, http://www.phqscreeners.com/overview.aspx, viewed 6/30/2014.

682. Alan Cassels, *Seeking Sickness: Medical Screening and the Misguided Hunt for Disease*, Greystone Books, Vancouver, BC Canada, Kindle, 2012, pp. 83–86.

for depression, people who are temporarily experiencing normal sadness over life circumstances or because they are not feeling physically well.[683]

The PHQ questionnaire inexplicably detects symptoms of depression and potential suicide risks. A teenager or anyone else could easily be diagnosed as depressed, which is probably the objective, especially for the drug companies who simply wish to distribute drugs like Prozac, Ativan, Paxil, or Seroquel without any real therapeutic assistance. Screening is a gimmick to introduce potential consumers to antidepressants and other drugs. In reality, the pervasive use of antidepressants by children and adolescents actually increases suicides. Screening, instead of providing proper care, usually accomplishes very little. It just multiplies the use of antidepressants despite the demographics.[684]

In 2003, Laurie Flynn, the executive director of TeenScreen, testified before a congressional committee and stated that TeenScreen screened about 14,200 teens and identified approximately 3,500 youth, about 25 percent, with mental health problems. They were able to connect these vulnerable teens with treatment. The Columbia Suicide Screen (CSS), another prescreening device, is designed to look for risk factors, specifically suicide risk, associated with a depressive disorder. Screeners consider that a student who answers yes to just one of the CSS yes-or-no questions regarding suicide ideation, covering the previous three months, is in need of mental health treatment. CSS originators admitted that 28 percent of students in the ninth- to twelfth-grade students "tested positive on prescreening for risk of suicide, with the rate approaching half of all students (44%) in one school."[685]

The NFC report referred to the Columbia University TeenScreen Program, developed by the university's Child Psychiatry's Research Department, as a model for the prospective nationwide project that mandates that all students have a mental health checkup prior to

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683. Allan V. Horwitz, Jerome C. Wakefield, *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder*, Oxford University Press, New York, 2007, pp. 154–161.

684. Alan Cassels, *Seeking Sickness: Medical Screening and the Misguided Hunt for Disease*, Greystone Books, Vancouver, BC Canada, Kindle, 2012, pp. 83–86.

685. Allan V. Horwitz, Jerome C. Wakefield, *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder*, Oxford University Press, New York, 2007, pp. 154–161.

graduation from high school.[686] NAMI, of Arlington, Virginia, receives extensive funding from Big Pharma.[687] NAMI supports the NFC, which recommends the following that both children and adults be screened for mental illnesses during their routine physical exams—across the lifespan. The schools would obviously assist in the mental health screening of all as they are in a "key position to identify mental health problems early and to provide a link to appropriate services."[688]

The taxpayers actually fund mental health screening, which creates a patient/customer base. The NFC, in its TMAP-style goals, mandates mental health screening for every child, including preschoolers, and recognizes that the government schools are essential to this process:

> GOAL 1 Americans understand that mental health is essential to overall health.
> GOAL 2 Mental health care is consumer and family driven.
> GOAL 3 Disparities in mental health services are eliminated.
> GOAL 4 Early mental health screening, assessment, and referral to services are common practice.
> GOAL 5 Excellent mental health care is delivered and research is accelerated.
> GOAL 6 Technology is used to access mental health care and information.[689]

The NFC screening objective is applicable to every child in any government program that includes those covered by Medicaid. The implications are that doctors will be prescribing psychiatric drugs for even more children. TMAP is the model. The pharmaceutical companies that sponsored TMAP, while under development in Texas, include

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686 NAMI Responds to Attacks on Mental Health Screening and President Bush's New Freedom Commission Report, https://www.nami.org/Template.cfm?Section=schools_and_education&template=/ContentManagement/ContentDisplay.cfm&ContentID=40804, viewed 4/26/2014.

687. Ibid.

688 Kelly Patricia O'Meara *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill*, AuthorHouse, Bloomington, Indiana, Kindle, 2006, Locations 2682–2689.

689. New Freedom Commission on Mental Health, Letter to George W. Bush from Michael F. Hogan, NFC Chairman, July 22, 2003, p. 5.

Janssen Pharmaceutica, Eli Lilly, Johnson & Johnson, AstraZeneca, Pfizer, Novartis, Janssen-Ortho-McNeil, GlaxoSmithKline, Abbott, Bristol-Myers Squibb, Wyeth-Ayerst, and Forrest Laboratories. Forest Laboratories is headed by Howard Solomon, the father of Andrew Solomon, the only person who interviewed Peter Lanza.

The pharmaceutical industry, following the introduction of Prozac, developed and received approval for a lot of new psychiatric drugs and needed a way of mass marketing them. TMAP was the perfect vehicle to bring credibility in addition to compelling medical professionals to abide by its drug recommendations and other guidelines with institutionalized patients, those in state mental hospitals and prisons and children under the jurisdiction of state, in foster care, or juvenile justice programs and people who have Medicare or Medicaid. The NFC/TMAP model dictates certain expensive drugs for the entire country, all selected by the drug makers, including the antidepressants such as Paxil, Prozac, Zoloft, and Effexor, and the atypical antipsychotics such as Zyprexa, Risperdal, Geodon, Seroquel, Clozaril, Latuda, and Abilify, the top selling psychiatric drug. Drugs for ADHD and ADD included Adderall, Dexedrine, Concerta, Ritalin, and Strattera. According to the NFC, the taxpayers funded the screening as well as the recommended prescriptions.

Even though the FDA issued a warning about Zyprexa, Medicaid accounts for 70 percent of its sales, along with other government agencies. Zyprexa became Eli Lilly's big blockbuster after its patent for Prozac expired. Kentucky's Medicaid program wanted to remove Zyprexa from the list of favored medications, but NAMI opposed the state. Eli Lilly paid NAMI protesters and bused them to hearings, "placed full-page ads in newspapers, and sent faxes to state officials." NAMI accepted $11.7 million from drug companies from 1996 through 1999.[690]

Just in November 2003, according to Carole Strayhorn, the Texas comptroller, 50 percent of the drugs dispensed to foster children were Risperdal and Zyprexa, approved only for adults for the treatment of psychosis, mainly schizophrenia. Sadly and criminally, some doctors prescribed these mind-altering drugs for children as young as age four. In 2004, Strayhorn, an advocate of TMAP, discovered that doctors were

690. Bruce E. Levine, Eli Lilly, Zyprexa and the Bush Family, the Diseasing of our Malaise, http://psychrights.org/articles/LevineLillyandBush.htm, viewed 4/28/2014.

prescribing powerful psychotropic drugs to 60 percent of the children in the Texas foster care system. Most of those drugs, many with serious side effects, had not been tested or FDA-approved for children. The FDA admits that those side effects are both physical and psychological.[691]

The FDA approved all the TMAP medications for specific mental illnesses and age groups, with specific dosages. However, doctors prescribe the drugs off-label for alternative uses with no age restriction. This is especially true with the government's mental-illness screening programs. The NFC then recommended the TeenScreen program to screen America's fifty-two million school children (2003 numbers). In August 2003, Illinois passed a resolution to implement TeenScreen in all public schools. Gov. Rod Blagojevich signed the Illinois Children's Health Act of 2003 that created Illinois Children's Mental Health Partnership (ICMHP), which has jurisdiction over the development of a plan to provide comprehensive, coordinated mental health prevention; early intervention; and treatment services (drugs) for children from birth through age eighteen.[692] Illinois also plans to screen all pregnant women and adults during their routine physical exams.

Big Pharma created TeenScreen, supposedly an advocate for teens who have thoughts of suicide or other mental issues but might not have known the full extent without the "help" and the predetermined analysis of the screening. Apparently, TeenScreen has failed in its suicide prevention efforts. On June 16, 2006, the *Washington Post* reported that there were only 1,737 child and adolescent suicides in the United States in 2003. For 2003, the DHHS stated that the suicide rate for boys was 11.6 and 2.7 for girls for every 100,000 children, a relatively low figure. Given these rates, why subject fifty-two million children to mental health screening and potential deadly psychiatric drugs that might ultimately lead to thousands of suicides each year? Over 1.5 million people are hospitalized each year, and more than 100,000 die from largely

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691. Vera Sharav, America's Overmedicated Children, Youth and Medicines in June 1-3, 2005 KILEN: Consumers Institute for Medicines and Health, Sweden, http://www.ahrp.org/cms/content/view/217/137, viewed 4/30/2014.

692 Illinois Children's Mental Health Partnership (ICMHP), http://www.icmhp.org, also see: http://www.isbe.state.il.us/iicc/pdf/icmhp_preliminary_plan.pdf, viewed 4/29/2014.

preventable adverse reactions to drugs that doctors should not have prescribed for them.[693]

Bush's "evidence-based mental health screening" was based on Columbia University's TeenScreen. Yet, there is absolutely nothing scientific about it. Dr. David Shaffer, the Columbia psychiatrist who created it, said it "would deliver many who were not at risk for suicide, and that could reduce the acceptability of a school-based prevention program. (It) would result in eighty-four non-suicidal teens being referred for further evaluation for every sixteen youths correctly identified." Predictably, professionals will label four out of five children as suicidal or mentally ill. Up to 94 percent of the screenings would present a rate of false positive, which benefits Big Pharma that is always looking for new customers, especially for its expensive psychotropic drugs.[694] Shaffer's colleague Laurie Flynn assumed control and directed TeenScreen. Shaffer is a spokesman for Eli Lilly and a paid consultant for Hoffman la Roche, Wyeth, and GlaxoSmithKline. He formulated the TMAP questionnaire and collaborated with the TMAP co-developers.

In 1966, Shaffer, chief of pediatric psychiatry at New York Presbyterian Hospital, collaborated with Sir Michael Rutter to develop a multi-axial system for International Conference for the Ninth Revision of the International Classification of Diseases (ICD-9). Subsequently, the committee designing the *DSM-III* adapted his recommendations. He was on the Child and Adolescent Work Group for *DSM-III* and *DSM-III-R* and co-chaired a group for *DSM-IV*. He was a member of the Child and Adolescent Work Group and the Mood Disorders Work Group for the *DSM-V* and co-chaired the Disruptive Behaviors Disorder Workgroup for *DSM-V*.

Drug companies have deliberately devised the yes-or-no questions in the "free" mental screening to seduce people into thinking that they need help, which is always in the form of psychiatric drugs. Special interests, collaborating with government officials, promote these online mental health–screening programs in colleges throughout the country. They saturate the living quarters of college students with flyers encouraging

693. Evelyn Pringle, *Bush's Mental Illness Screening Squad on the Move*, July 9, 2006, http://www.lawyersandsettlements.com/articles/drugs-medical/pharma_business-00236.html, viewed 4/29/2014.

694. Julian Whitaker, Say No to Mental Health Screening, CCHR, http://www.cchrint.org/issues/mental-health-screening, viewed 5/3/2014.

students to take the online mental health survey. No matter how one answers the questions, the survey results in a recommendation to see a doctor. After one college student finished the survey, with the predictable suggestion, he noted that Pfizer had the copyright on it.[695]

State and federal governments, allied with the pharmaceutical industry, have pushed for the implementation of mental health screening for almost two decades. Dr. Marcia Angell, Harvard Medical School professor of ethics and author of *The Truth About the Drug Companies: How They Deceive Us and What to Do About It*, in referring to mental screening programs said they are "just a way to put more people on prescription drugs" and increase sales of antidepressants. Placebos, in clinical trials, frequently work better than Prozac, Zoloft, Paxil, and related SSRI antidepressants. These FDA-approved drugs do not decrease suicide but instead increase the risk of suicide.[696]

While federal health officials recommended universal mental health screenings, not all states have implemented it; and in the states that have, there is little consistency. Baltimore and Chicago both have "robust screening and treatment programs." In addition to the promptings of the federal government, there are other advocates for mental health screenings. The Center for School Mental Health, a national organization based at the University of Maryland, provides training for schools and mental health providers. Many rightfully believe that mass screening may result in over-diagnosing.[697]

Denise Wheatley-Rowe, of Behavioral Health System Baltimore said, "Once we screen and assess and discover the need, I think it's our responsibility to have the resources in place to service every one of those needs that are uncovered." The Baltimore organization uses "a team of school officials and community mental health experts to target students most in need. The program has grown from four schools to more than 100 in the past 25 years." One mother in another part of the country

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695. Evelyn Pringle, *Bush's Mental Illness Screening Squad on the Move*, July 9, 2006, http://www.lawyersandsettlements.com/articles/drugs-medical/pharma_business-00236.html, viewed 4/29/2014.

696. Julian Whitaker, Say No to Mental Health Screening, CCHR, http://www.cchrint.org/issues/mental-health-screening, viewed 5/3/2014.

697. Associated Press, Controversy Plagues School Mental Health Screening, January 13, 2014, http://www.foxnews.com/health/2014/01/13/controversy-plagues-school-mental-health-screening/, viewed 6/10/2014.

whose son was prescribed Prozac, after learning about the suicidal side effects, said, "It just seems like they want to medicate rather than provide education support." That mother is now homeschooling her son.[698] Dr. Julian Whitaker, director of California's Wellness Institute, regarding school screening, said, "First of all, refuse to sign those consent forms when they come home from your child's school—if they can't test them, they can't drug them."[699]

The NFC recommends mental health screening for all pregnant women to determine if the woman is suffering from a perinatal mood or anxiety disorder, which frequently leads to the use of SSRIs, even though common sense would suggest that women should never ingest anything questionable during a pregnancy. On February 2, 2004, the *American Journal of Pediatrics* said that pregnant women who use SSRIs damage the developing brains of their unborn babies.

Drug manufacturers persuaded lawmakers, such as senators Robert Menendez and Richard Durbin, to establish compulsory mental health screening for pregnant women following childbirth to prevent postpartum depression. On June 16, 2006, they introduced the MOTHERS Act that would require doctors and nurses to screen expectant mothers about PPD.[700] Shortly after the birth of her last child, Andrea Yates, on psych medication, drowned her five children in the bathtub on June 20, 2001. Her psychiatrist prescribed several drugs over a period of time, Risperdal, Effexor, Haldol, Zoloft, and Zyprexa.[701]

Big Pharma and the government have targeted senior citizens for mental health screening, many of whom are already being overmedicated. For at least two decades, government officials have attempted to push the elderly into a screening program. Earlier, there was the Positive Aging

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698. Ibid.

699. Alternative Practitioners Speak Out, Committee on Quackery Hides Psychotropic Drug Proliferation, http://www.cchr.org/sites/default/files/Committee_on_Quackery_Hides_Psychotropic_Drug_Proliferation.pdf, viewed 6/10/2014.

700. Katherine Stone, MOTHERS Act introduced by Senators Durbin and Menendez, Postpartum Progress, July 6, 2006, http://www.postpartumprogress.com/mothers_act_int, viewed 8/15/2014.

701. Evelyn Pringle, *Bush's Mental Illness Screening Squad on the Move*, July 9, 2006, http://www.lawyersandsettlements.com/articles/drugs-medical/pharma_business-00236.html, viewed 4/29/2014.

Act of 2005. Currently, there is other legislation[702] designed to increase Medicare coverage to include mental health services. In October 2005, the *Journal of the American Medical Association* reported that the results of a clinical trial that indicated more than 5,000 elderly patients treated with unnecessary psych drugs had a 54 percent increased chance of dying within three months as opposed to patients taking a placebo.[703]

In 2011, the DHHS reported that doctors prescribed antipsychotics for 88 percent of the nursing home residents who had dementia. At least 83 percent of the drugs being prescribed were for conditions they had not been approved to treat.[704] Statins cause irritability in the elderly, which can be a problem given that many older people have caretakers or live in nursing homes.[705] Many nursing home residents are placed on psychiatric drugs to keep them quiet and controllable.

Physicians prescribe some very addictive drugs to older patients, such as opioid pain relievers and benzodiazepines and psychoactive drugs like Xanax and Valium. According to IMS Health, fifty-five million opioid prescriptions written in 2013 were for people sixty-five and older. Benzodiazepine prescriptions totaled 28.4 million. In 2012, an estimated 336,000 seniors were "misusing or were dependent on prescription pain relievers." People sixty-five and older visiting the emergency room for "misuse of pharmaceuticals" was over 94,000 a year. From 1999 to 2010, "overdose deaths" of people fifty-five and older tripled according to the CDC.[706]

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702. Other legislation, http://www.thenationalcouncil.org/capitol-connector/2014/02/medicare-coverage-for-mental-health, viewed 6/30/2014.

703. Evelyn Pringle, *Bush's Mental Illness Screening Squad on the Move*, July 9, 2006, http://www.lawyersandsettlements.com/articles/drugs-medical/pharma_business-00236.html, viewed 4/29/2014.

704. Nursing Home Residents Drugged into Submission, http://nursing-home-neglect.hughesandcoleman.com/2014/02/nursing-home-residents-drugged-into-submission, viewed 4/30/2014

705. Barry Groves, Trick and Treat: how 'health eating' is making us ill, Hammersmith Books Limited, London, Kindle, 2008, Locations 1190-1194.

706. Peter Eisler, Hundreds of thousands of the nation's seniors are misusing prescription drugs, including narcotic painkillers, anxiety medications and other pharmaceuticals, for everything from joint pain to depression, USA Today, May 22, 2014, http://www.usatoday.com/story/news/nation/2014/05/20/seniors-addiction-prescription-drugs-painkillers/9277489/, viewed 8/17/2014.

Bush did a very good job for the pharmaceutical industry in his first term. Contributions in the Bush campaign in 2004 were as follows: agribusiness $3,937,700; defense sector $654,988; energy $3,938,588; construction: $7,305,421; real estate: $28,169,889; health care $8,527,909; and transportation $4,045,459.[707] Bush collected well over $374 million, $194 million from individuals for 2004.[708] Pfizer CEO Hank McKinnell, a 2004 Bush Ranger, was the chair of PhRMA, the industry's huge trade group. By April 26, 2004, the drug industry contributed $764,274 to the Bush presidential campaign. In the 2004 elections, by May 30, the 2004 presidential candidates had received $537 million, 62 percent more than the $331 million that they raised by the same time in 2000.[709] Bush and Kerry combined raised $414 million just during the primaries, most of it from over 1,000 corporate executives, lawyers, lobbyists, and other special interests that use "bundling." HMOs, nursing homes, and drugs companies donated more money to Bush ($4.4 million) than to Kerry ($1.3 million).[710]

For years, Big Pharma has been one of the biggest political spenders. Regarding Obama, whom I mentioned earlier, in 2007–2008, the drug industry donated more to high office candidates while politicians were ironing out the details of the Affordable Care Act, which will be a financial boon to Big Pharma. During the campaign, Obama's donations totaled $778,642,047, with Connecticut the thirteenth highest among

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707. 2004 Presidential Campaign Contributions by Industry, http://usgovinfo.about.com/od/thepoliticalsystem/a/industrybucks.htm, viewed 5/30/2014.

708. George W Bush Biography and Political Campaign Contributions, United States Presidency, Political Campaign Contributions, Campaign Finance Information, 04 Election Cycle, http://www.campaignmoney.com/biography/george_w_bush.asp?cycle=04, viewed 5/30/2014.

709. Robert Longley, Political Fundraising Up 62 Percent Over 2000, July 7, 2004, http://usgovinfo.about.com/od/thepoliticalsystem/a/funding0620.htm, viewed 5/30/2014.

710. Robert Longley, Money 'Bundlers' Raise Bundles for Candidates, Executives, lawyers and lobbyists still call the political tune, http://usgovinfo.about.com/od/thepoliticalsystem/a/bundlers.htm, viewed 5/30/2014.

the fifty states in contributions. In 2012, Obama raised $732,741,988, with Connecticut as the fourteenth-highest contributor.[711]

[711] Barack Obama, United States Presidency, Political Campaign Contributions, Campaign Finance Information, '08 Election Cycle, http://www.campaignmoney.com/political/campaigns/barack-obama.asp?cycle=08, viewed 5/30/2014.

Breaking the Taboo, Drugging the Military

Henry Kissinger, one-time US secretary of state, said, "Military men are just dumb, stupid animals to be used as pawns for foreign policy."[712] In 1933, possibly in anticipation for World War II, Dr. John Rawlings Rees, during a mental hygiene conference in Britain, classified disorders of the mind as mental defects, psychosis, psychoneurosis, hysteria, obsessional neurosis, and neurasthenia. He said that they might be "moral disorders," which resulted from similar mental conflicts and warpings of personality in early life.[713]

Dr. Rees, who claimed that psychiatry's influence is everywhere, addressed the National Council for Mental Hygiene and set the agenda for psychiatry for the next sixty years. In 1941, British psychiatrists from the Tavistock Clinic manipulated Parliament and then became part of the Directorate of Army Psychiatry in order to obtain the means to introduce new psychiatric measures into the military, the perfect obedient guinea pig population where officials can classify the dreadful results. He wrote, "War does something more than this in that it forces men and women to face many new challenges to instinct: aggression, which has had to be controlled, must now be brought out, trained and used against the enemy; men must learn to kill as well as to face the prospect of being

712. Henry Kissinger was quoted in Kiss the Boys Goodbye: How the United States Betrayed Its Own POW's in Vietnam by Monika Jensen-Stevenson and William Stevenson, Plume Publishing, New York, 1999.

713. National Council for Mental Hygiene, Third Biennial Conference on Mental Hygiene, The British Medical Journal, December 2, 1933, p. 1032.

killed. Taking life involves the breaking of taboo, which is no light matter and is liable to leave behind it guilt and depression."[714]

During World War II, psychiatrists processed and treated many American soldiers, young men wholly unaccustomed to killing others, even though indoctrinated that it was necessary for their own safety and the security of the country. Psychiatrist brigadier general William C. Menninger headed a committee to develop a new health classification called Medical 203, issued in 1943 as a War Department Technical Bulletin.

Prior to America entering World War II, the influential media vilified antiwar activists by characterizing them as unpatriotic, un-American traitors.[715] Edward Bernays, the nephew of Sigmund Freud, devised these psychological tactics that are still employed today to discourage dissent and immobilize inquiry. These maneuvers are designed to produce a herd mentality, a consensus, within the population. Individuals reconsider their rhetoric when they see others discredited for similar views and remain silent. These devices discredit people and data and discourage others from examining certain events and circumstances.

Following the war, the group founded the Tavistock Institute, with funding from the Rockefeller Foundation. Rees founded and became the first president and director of the World Federation for Mental Health, now an NGO with formal consultative status to the United Nations.[716]

In 1953, when the CIA needed a "secure" U.S. supplier of LSD for its MKULTRA project, directed by Dr. Sidney Gottlieb, the government gave TOP SECRET clearance to the Eli Lilly Company along with a grant of $400 thousand to manufacture and supply LSD to the CIA. Eli Lilly was the "first large-scale manufacturer of LSD in North America."[717] The DOD gave hallucinogenic drugs to thousands of "volunteer" soldiers

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714. The Shaping of Psychiatry by War by John Rawlings Rees, MD, Brigadier: Consulting Psychiatrist To The British Army Medical Director, The Tavistock Clinic, Chapman and Hall, London, 1945, p. 15.

715. Charles Lindbergh's - September 11, 1941, Des Moines Speech, http://www.youtube.com/watch?v=K_F48oaOskI.

716. The Hidden Enemy, Inside Psychiatry's Covert Agenda, http://www.cchr.org/videos/the-hidden-enemy.html, viewed 4/30/2014.

717. Colin A. Ross, *The CIA Doctors: Human Rights Violations by American Psychiatrists*, Greenleaf Book Group Press, Austin, Texas, Kindle, 2011, Locations 991–996.

in the 1950s and 1960s. The army, between 1953 and 1964, also tested quinuclidinyl benzilate, a hallucinogen code-named BZ, a program that consisted of 149 projects involving drug testing on unwitting human subjects. According to Gottlieb, they established MKULTRA to investigate how to covertly modify an individual's behavior.[718]

In 1980, someone coined the term PTSD, not through scientific testing but by the deep-pocketed lobbyists working for the pharmaceutical industry and because the APA added the term to the *DSM-V*. Currently, it is a psychiatrist's most common diagnosis, even for soldiers who have never deployed. Now, it has shifted into the civilian world where doctors apply it to anyone who has experienced a traumatic event. Anyone anywhere can be diagnosed with PTSD because the drug industry and its associates at the APA continue to expand the definition. There are 175 different symptom combinations constituting PTSD. Psychiatrists treat at least 37 percent of recent war veterans for PTSD, and of those they diagnose, they prescribe psychiatric drugs for 80 percent of those veterans. They put 89 percent on antidepressants and 34 percent on powerful antipsychotics, both of which can cause suicide ideation.[719]

The military is the perfect proving ground, with an unlimited budget and an endless supply of human resources, especially during warfare. Soldiers tend to obey every order, even if it is not obligatory, although many of the soldiers do not understand that. Rees said the army was a perfect environment because it is a cohesive community. The drug companies promote their products under the guise of assistance. Today's soldiers are under just as much stress as in previous wars, and often they ultimately visit the psychiatrist's office where the doctor diagnoses him or her using the *DSM-V*. The doctor does not conduct a physical examination. There are no CT scans, no MRIs, no blood tests. The Pentagon spends $2 billion on mental health alone. The VA budget for

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718. 103d Congress, 2d Session, Committee Print - S. Part 103-97, Is Military Research Hazardous to Veterans' Health?, Lessons Spanning Half a Century, a Staff Report Prepared for the Committee on Veterans' Affairs, United States Senate, December 8, 1994, http://www.gulfweb.org/bigdoc/rockrep.cfm, viewed 6/7/2014.

719. The Hidden Enemy, Inside Psychiatry's Covert Agenda, http://www.cchr.org/videos/the-hidden-enemy.html, viewed 4/30/2014.

mental health went from $3 billion in 2007 to $7 billion in 2014, all of which goes into the drug industry's coffers.[720]

When a patient complains about a particular drug, the psychiatrist adjusts the dosage or he or she often adds another drug to counter the effects of the original drug. Some soldiers are on as many as twenty drugs, a practice known as polypharmacy. Most of these drugs, if any, have been tested together, and many of the drugs are addictive in a very short time, an addiction that can last a lifetime. It requires medical supervision to get off drugs as one can experience serious withdrawal. Psychiatrists try to persuade patients to stay on the drugs and blame the patient's disease, rather than the drugs, for any problems. Thirty-five percent of the warrior transition units have a prescription drug problem.[721]

The Bush administration highly recommended Signs of Suicide (SOS), a screening program designed for high school students, for members of the military and their families.[722] By May 26, 2006, air force colonel Joyce Adkins, a psychologist at the Pentagon's Health Affairs office, said that several thousand military people had accessed the Internet screening program Military Mental Health since the beginning of 2006 when the government put it online.[723] Big Pharma financed the Massachusetts-based Screening for Mental Health, Inc. (SMH).[724] Companies that funded SMH include Eli Lilly, Pfizer, Solvay, Abbott Labs, Wyeth, Forest Pharmaceuticals, AstraZeneca, and GlaxoSmithKline—for the purpose of increasing their consumer base. The SMH tax records indicate that Lilly gave SMH $2,157,925 between 2001 and 2004. In 2004, Pfizer gave SMH $125,000; Wyeth donated $100,000; and Forest Labs gave $153,000.[725]

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720. Ibid.

721. Ibid.

722. Signs of Suicide, http://mentalhealthscreening.org/programs/youth-prevention-programs/sos/, viewed 5/10/2014.

723. Military Mental Health, http://www.militarymentalhealth.org/, viewed 5/10/2014.

724. Screening for Mental Health, http://www.mentalhealthscreening.org/, viewed 5/10/2014.

725. Evelyn Pringle, *Bush's Mental Illness Screening Squad on the Move*, July 9, 2006, http://www.lawyersandsettlements.com/articles/drugs-medical/pharma_business-00236.html, viewed 4/29/2014.

From 2005 to 2011, drug usage has increased seven times among the military, thirty times faster than for the civilian population. Drug use constitutes a chemical lobotomization. Other effects of the drugs include depersonalization, irritability, hostility, and other characteristics that lead to criminality. Since 2006, violent sex crimes and domestic abuse has increased by 30 percent among active service personnel while child abuse has gone up by 43 percent. On March 11, 2012, in a remote Afghan village, Staff Sargent Robert Bales murdered sixteen people, nine of which were children. On September 16, 2013, navy veteran Aaron Alexis took a shotgun to Washington DC's navy yard where he killed twelve people. According to records, psychiatrists had prescribed Trazodone, an SSRI antidepressant.[726] Currently, an average of twenty-two veterans and/or active-duty service people commit suicide each and every day, many of which have never seen combat and do not have PTSD. That is over 8,000 suicides per year. The Big Pharma-controlled media remains silent about this.

The children of a formerly deployed soldier who is on drugs are often prescribed drugs allegedly in order to handle a chaotic family situation. At least 1.9 million children have a military parent while one million have a deployed parent. There have been two million children of military parents who have visited a military psychiatrist. Out of those visits, the psychiatrist has prescribed drugs for 91 percent. The taxpayer picks up the tab for all the prescription drugs. The army formally screens its soldiers at least five times. Pfizer, the manufacturer of Zoloft, developed one of the questionnaires. A group composed of eight drug companies devised another questionnaire. The VA recently hired 1,600 mental health workers to address the mental health issues within the military. These experts will no doubt continue to disperse the psychiatric drugs that are the core of all the suicides, violence, mass murders, addiction, and family problems. Today, psychiatry is a $330 billion industry annually, which delivers pain, damage, and death.[727]

Initially the drugs, the SSRIs (stimulants), make one feel better, but some people experience side effects within a few days. Often, the side effects include acts of violence and suicide. Since 2002, the suicide rate

726. The Hidden Enemy, Inside Psychiatry's Covert Agenda, http://www.cchr.org/videos/the-hidden-enemy.html, viewed 4/30/2014.

727. Ibid.

among the military has almost doubled. From 2009 through 2012, more soldiers died from suicide than from traffic accidents, cancer, homicide, or heart disease, what the secretary of state referred to as an epidemic. Eighty-five percent of the military suicides were among people who never experienced combat. Fifty-two percent were never deployed. Yet, no one holds the military psychiatrists accountable. Psychiatrists claim that these drugs save lives. They withhold information about the suicide risks and suicide ideation. Most of those drugs have black box warnings covering ages eighteen to twenty-four, the age of the average soldier.[728]

Reportedly, the national rates of suicide have remained steady or increased slightly in recent years, indicating the issue is a larger national health problem, not simply a military and veterans issues.[729] In the first six months of 2012 to June 3, there were 154 suicides among active-duty troops. This is about 50 percent more than were killed in action in Afghanistan. This is in addition to other problems that the military is struggling with, such as increased sexual assaults, alcohol abuse, domestic violence, and other misbehavior. The 2012 active-duty suicide total of 154 compares to 130 in the same period last year, an 18 percent increase. It is more than the 136.2 suicides that the Pentagon had projected based on the trend from 2001–2011. The military has established telephone hotlines, provided more mental health specialists, added stress-management training, and invested more in research on mental health risk.[730]

The defense secretary at the time, Leon Panetta, sent an internal memo to the Pentagon's top civilian and military leaders, saying that suicide is "one of the most complex and urgent problems" facing the Defense Department. He said that there was a "stigma associated (with) seeking help for mental distress," especially in the military. He said, "We must continue to fight to eliminate the stigma from those with post-traumatic stress and other mental health issues." He added that commanders "cannot tolerate any actions that belittle, haze, humiliate or

728. Ibid.

729. Leo Shane, Report: Suicide rate spikes among young veterans, January 9, 2014, http://www.stripes.com/report-suicide-rate-spikes-among-young-veterans-1.261283, viewed 1/12/2014.

730. Military suicides rising, even as combat eases, Associated Press, June 7, 2012, http://www.politico.com/news/stories/0612/77188.html, viewed 4/23/2014.

ostracize any individual, especially those who require or are responsibly seeking professional services."[731]

People in the military, especially during wartime, have always suffered from anxiety, sleeplessness, nightmares, stress, and depression. Now, the troops are engaged in America's longest war. However, there is a glaring difference—the data demonstrates that pharmacology has replaced compassion and talk therapy. A soldier previously talked about his experiences. Now, a quick-fix base psychiatrist writes a prescription for a "pharmacological potion," which appears to have severe unintended consequences. The "ever-increasing use of dangerous psychiatric medications may be fueling the funeral pyre of military suicides and other unexplained deaths." The Defense Department admits that nearly one-third of the suicides occurred among those who had never participated in combat. According to Armed Forces Health Surveillance Center, mental health issues were the primary cause of hospitalization of active-duty members of the military in 2007, 2009, and 2011. From 2001, the government spent almost $2 billion on psychiatric drugs.[732]

By 2007, the rate of suicide among returning soldiers from the Second Gulf War was skyrocketing. According to the military guidelines, psychiatrists were treating these soldiers with Zoloft or other SSRIs despite the evidence, available for years, that these drugs were ineffective and frequently triggered suicide.[733]

One in six members of the military is on a psychiatric drug, often combining more than one drug. A person might be mixing an antidepressant with an antipsychotic to prevent nightmares in addition to an antiepileptic to reduce headaches. In clinical drug trials, they never test multiple drugs together. Psychiatric drugs have side effects, such as the impairment of motor skills and the reduction of reaction times; both would make anyone less effective in any given situation. Other side effects include suicide. Dr. Grace Jackson, a former navy psychiatrist, admitted, "It's really a large-scale experiment. We are experimenting with changing people's cognition and behavior."

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731. Ibid.

732. Kelly Patricia O'Meara, Psychiatric Drugs and War: A Suicide Mission, October 11, 2012, http://www.cchrint.org/2012/10/11/psychiatric-drugs-and-war-a-suicide-mission/, viewed 4/23/2014.

733. David Healy, Pharmageddon, University of California Press, Berkeley, Los Angeles, Kindle, 2012, pp. 108–109.

Adverse drug reactions sometimes include psychotic behavior and horrific acts of violence. Medication reactions can be very mild or extremely severe. Many patients do not even attribute mild reactions to the medications but assume that it is his or her disease even though somewhat minor reactions may lead to divorce, the destruction of friendships, child abuse, loss of employment, or even criminal activity.[734] Often a person under the influence of prescribed drugs will not recognize the warning signs that might lead to drug-induced violence or suicide. Friends or family might perceive differences, such as an individual might become apathetic, indifferent, irritable, easily angered, distant, preoccupied, or withdrawn. The person might also become more anxious or depressed. A drug may cause weight loss, overstimulation, the inability to sleep, and cause the person to act impulsively.[735]

John Virapen, a whistleblower, suggests that Big Pharma profits from the predictable side effects such as diabetes by manufacturing another drug, insulin, to treat diabetes. That is just one example. Eli Lilly settled many suits involving Zyprexa out of court to the tune of $1.2 billion (hush money for victims) in about 26,500 trials. Settling out of court ensures that Eli Lilly will not have to reveal its confidential files in court. The FDA based its approval of Zyprexa on a six-week clinical trial with 2,500 participants. Two-thirds of the individuals left the study early due to "severe side effects," along with twenty deaths, twelve of which were suicide, according to Robert Whitaker, who obtained data from the FDA. Despite paying out millions, Eli Lilly sales for the product continued to rise by another 12 percent in 2006. Eli Lilly derives most of the hush money from the off-label sale of Zyprexa, which is the biggest share of its sales. Some drugs' off-label sales account for 90 percent of their sales.[736]

A study, reported in the *Wall Street Journal* on November 26, 2003, comparing high-priced Zyprexa to other drugs, like Haldol, demonstrated that Zyprexa, despite its claims, did not decrease the rate of hospitalizations. Zyprexa caused some patients to gain excessive

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734. Peter R. Breggin, Medication Madness: A Psychiatrist Exposes the Dangers of Mood-Altering Medications, St. Martin's Press, New York, Kindle, 2009, Locations 485–489.

735. Ibid, Locations 494–497.

736. John Virapen, *Side Effects: Death - Confessions of a Pharma-Insider*, Virtualbookworm.com Publishing, College Station, Texas, Kindle, 2010, pp. pp. 187–189.

weight, which increases the risk of diabetes and other health issues. Zyprexa costs more than the older antipsychotic drug, about $3,000 to $9,000 more for each patient than Haldol. By 2004, doctors in the VA system were prescribing Zyprexa for over 80 percent of the people labeled schizophrenic. In the fiscal year 2003, the VA spent $208.5 million on psychotropic drugs, including $106.6 million for Zyprexa. The *New York Times* reporter Erica Goode told of a study conducted by Dr. Robert Rosenheck, director of the Department of Veterans Affairs Northeast Program Evaluation Center. He discovered that Zyprexa cost the VA $3,000 to $9,000 more per patient, although the drug, along with its side effects, did not work to relieve any symptoms.[737]

Journalist Robert Whitaker, via the Freedom of Information Act gained access to FDA data on the drug trials for the Atypicals Risperdal, Seroquel and Zyprexa. He discovered the following:

1. One in every 145 patients who entered the trials *died*, and yet those deaths were never mentioned in scientific literature.
2. The trials were structured to favor the Atypicals, and most of the study reports were discounted by the FDA as being biased.
3. One in every thirty-five patients in Risperdal trials experienced a serious adverse event, defined by the FDA as a life-threatening event or one that required hospitalization.
4. Twenty-two percent of patients in Zyprexa trials suffered serious adverse events.
5. Atypicals did not demonstrate superior effectiveness or safety over typical antipsychotics.[738]

The *Military Times* conducted an investigation of electronic records acquired from the Defense Logistics Agency (DLA), which indicate that the DLA spent $1.1 billion on psychiatric and pain medications (2001 to 2009). The records show that psychiatric drug use has increased by about 76 percent since the beginning of the current wars. They found that soldiers suffering from the symptoms of PSTD now received drugs initially developed to treat bipolar disorder and schizophrenia. This is

737. Allen Jones, Internet by the Law Project for Psychiatric Rights, January 20, 2004, p. 17, http://psychrights.org, viewed 4/19/2014.

738. Ibid.

"off-label" use, drugs prescribed to treat conditions for which the drugs were not FDA-approved.[739]

Military doctors wrote prescriptions for antipsychotic medications such as Seroquel and Risperdal, which increased by more than 200 percent and annual spending for drugs quadrupled from $4 million to $16 million.[740] In the last decade, according to the VA, the military spent almost $850 million on Seroquel, an antipsychotic, doctors' 6.6 million prescriptions for service personnel for sleep disorders. The FDA-approved Seroquel for the treatment of schizophrenia and bipolar disorder; yet military doctors wrote more than fifty-four thousand Seroquel prescriptions in 2011, 99 percent of which were written off-label.[741]

The military's use of anti-anxiety drugs and sedatives such as Valium and Ambien increased by 170 percent, and spending went from $6 million to about $17 million. One regularly used drug, the anticonvulsants, increased about 70 percent while spending increased from $16 million to $35 million. Because of the generics among antidepressants, spending decreased from $49 million in 2001 to $41 million in 2009 while there was a 40 percent increase in orders. Brigadier General Loree Sutton, the army's highest-ranking psychiatrist, told Congress on February 24, 2010, that military doctors commonly prescribe antidepressants and anticonvulsants to service members. At least 17 percent of the active-duty force and as much as 6 percent of deployed troops take antidepressants.[742]

On that same day, the Veterans Affairs Committee of the House of Representatives, chaired by Bob Filner, conducted hearings - *Exploring the Relationship between Medication and Veteran Suicide.* Dr. Peter R. Breggin

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739. Andrew Tilghman and Brendan McGarry, Medicating the military, Use of psychiatric drugs has spiked; concerns surface about suicide, other dangers, Military Times, March 17, 2010, http://www.armytimes.com/article/20100317/NEWS/3170315/Medicating-military, viewed 4/23/2014.

740. Ibid.

741. Kelly Patricia O'Meara, Psychiatric Drugs and War: A Suicide Mission, October 11, 2012, http://www.cchrint.org/2012/10/11/psychiatric-drugs-and-war-a-suicide-mission/, viewed 4/23/2014.

742. Andrew Tilghman and Brendan McGarry, Medicating the military, Use of psychiatric drugs has spiked; concerns surface about suicide, other dangers, Military Times, March 17, 2010, http://www.armytimes.com/article/20100317/NEWS/3170315/Medicating-military, viewed 4/23/2014.

testified before the VA Committee.[743] The VA was supposed to reproduce the written transcript, but one gets an error message when attempting to visit the page. From 2001 to 2009, the suicide rate in the army increased more than 150 percent, from 9 per 100,000 to 23 per 100,000. In the Marine Corps, it increased from 16.7 per 100,000 marines in 2001 to 24 per 100,000 in 2009. The number of psychiatric drug orders increased by 76 percent over the exact same time period.[744]

There are many military doctors who deny the risks and maintain that it is more dangerous to not treat depressed troops. Army Reserve colonel Thomas Hicklin, a teacher at the University of Southern California, claims despite the suicides, "To withhold the medications can be a huge problem." He argues that there should be greater oversight, especially with considering that these suicidal people have access to weapons. Department of Defense officials have repeatedly rejected requests by *Military Times* for autopsy reports that could confirm the frequency of such drugs in suicide toxicology reports.[745]

The military has done much to conceal psychiatric drug use in the military, especially regarding off-label usage. In 2009, the VA conducted a study that revealed that 60 percent of veterans were taking antipsychotics for issues for which the drugs had not been officially approved. The FDA has approved two drugs for PTSD, Paxil and Zoloft. Yet doctors prescribe numerous drugs for PTSD. For drugs to receive FDA approval, manufacturers must conduct clinical trials before the FDA allows them to market a drug. After FDA approval, doctors may legally prescribe it for whatever malady he or she finds appropriate but not without risk. Breggin reiterated that mixing drugs or misuse of drugs is risky. Drugs are tested for a particular treatment rather than as a component of other medications. For instance, one should not mix an antidepressant, an

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[743] Peter R. Breggin's Testimony, http://www.breggin.com/index.php?option=com_docman&task=doc_download&gid=218&Itemid=37, viewed 5/10/2014.

[744] Andrew Tilghman and Brendan McGarry, Medicating the military, Use of psychiatric drugs has spiked; concerns surface about suicide, other dangers, Military Times, March 17, 2010, http://www.armytimes.com/article/20100317/NEWS/3170315/Medicating-military, viewed 4/23/2014.

[745] Ibid.

anticonvulsant, an antipsychotic, and a stimulant to stay awake; that has never been tested.[746]

Dr. Bart Billings, a retired army colonel and former military psychologist, said, "I feel flat out that psychiatrists are directly responsible for deaths in our military, for some of these suicides. I think its criminal, what they are doing." On February 24, 2012, Billings testified before Congress regarding the military's increased suicides and attributes it to the types and quantities of psychotropic medications that doctors are prescribing for PTSD and other psychiatric problems. In May 2007, the FDA ordered all antidepressants to carry a black box warning regarding the risk for suicide or suicidal thoughts for adults aged eighteen to twenty-four. In February 2008, the FDA applied the same warning to anticonvulsants but did not require drug makers to add a black box warning.[747]

Over the past decade, there have been a series of lawsuits filed against Pfizer, the maker of Neurontin, one of the military's top-selling psychiatric drugs. Allegations are that the drug has caused numerous suicides. Not surprisingly, none of those cases has gone to trial. It is still unclear as to how many military suicides have been caused by the victim's use of antidepressants or anticonvulsants because the army has repeatedly denied the *Military Times* its Freedom of Information Act request for that information.[748] The failure to provide full detailed autopsy information in a number of cases particularly that of Adam Lanza seems to be an effort to protect the drug industry.

The government, Big Pharma's biggest customer, has spent, in just the last decade, $4.5 billion medicating soldiers. Military psychiatrists prescribe drugs for 80 percent of the soldiers who complain of stress. Soldiers feel compelled to take the lobotomizing drugs as they are often told that they will be refused VA treatment if they refuse. On September 16, 2013, navy veteran Aaron Alexis fatally shot twelve people and injured three others in a mass shooting inside the Washington Navy Yard in southeast Washington. Records indicate that in August, VA doctors had prescribed Trazodone, a serotonin antagonist and reuptake inhibitor (SARI) antidepressant, approved by the FDA at the end of 1981. Instead

746. Ibid.
747. Ibid.
748. Ibid.

of looking at the core issue of psychiatric drugs, the shooting evoked a discussion on security measures at military facilities. On September 18, defense secretary Chuck Hagel ordered a review of security procedures at military facilities around the world. Meanwhile, gun control activists and relatives of victims of other shootings, at Sandy Hook Elementary School, Aurora, and the Oak Creek Sikh temple, went to Washington to seek stricter gun control measures, an understandable endeavor.

Pill Profiteering, Checkbook Science, and Madison Avenue Medicine

Academic psychiatrists enrich Big Pharma more than any other group. People view these academics as having superior knowledge about disease and its treatment. Drug firms pay these collaborative doctors, who they refer to as KOLs, to function as event speakers and consultants and to sit on their advisory boards.[749] While the FDA has the authority to prohibit a drug company from making false claims in its advertisements, it has no control over what industry-paid academic physicians say about a particular pharmaceutical product.

In 1983, Professor Robert L. Sprague, then a professor of psychology at the University of Illinois, reported his suspicions of fraud to the NIMH against psychologist Stephen E. Breuning of the University of Pittsburgh for fabricating research results regarding tranquillizer drug dosages for retarded children. The only problem is that the NIMH was funding Breuning's research. The NIHM told Sprague to report his findings to the University of Pittsburgh. Breuning admitted that he falsified one study and summarily resigned. However, the university stated that Breuning conducted the study before he joined the faculty. With Breuning gone, the university dropped the issue, but Sprague thought that Breuning's falsified study presented a huge problem for the targeted children. Sprague thought that the journals that published the study should retract it. When Sprague prompted the NIMH to address the matter, the agency finally, in 1986, appointed an investigating panel. Meanwhile Breuning,

749. Robert Whitaker, *Anatomy of an Epidemic, Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, Broadway Books, New York, Kindle, 2010, pp. 320–323.

now associated with an institution for the retarded, was on the lecture circuit promoting his views.[750]

The NIMH condemned Breuning for misconduct, to which he pled guilty, and also for lying on a research grant application. He received a two-year suspended sentence and was banned from further research. However, the NIMH did not renew its research grant with Sprague after a good working relationship of eighteen years. He shared his story of the cover-up and scientific misconduct and fraud at a hearing with the House of Representatives on June 28, 1986.[751]

George A. Huber, vice president and counsel for the University of Pittsburgh, sent Sprague a letter warning him to keep quiet or face a lawsuit for slander and libel. Sprague, the whistleblower, had already suffered for telling the truth. The president of the university claimed that he ordered a review of Breuning's work and found no "cover-up." He ended up praising Sprague's work but stuck to the story.[752] It is a sad state of affairs that began early on regarding the issue of scientific fraud, which seems to prevail as a substitute for real science in the drug manufacturer's efforts to get their drugs to market, despite any health considerations for the nation or the collateral damage that those drugs create.

In 1989, after Prozac had outsold all other antidepressants combined, there was a cover story in *Newsweek* and by 1993 was on its way to selling over $1 billion of the drug and ten million people worldwide were taking the drug. Peter Kramer admitted that he had "ignored certain issues," specifically the side effects, about his "drug of choice." At that time, Clinton was attempting to get 80 percent of the drugs included under insurance benefits in his comprehensive health plan that would add another seventy million people to the people who had medication coverage.[753] In 1993, Kramer's *Listening to Prozac* was on the *New York*

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750. Daniel S. Greenberg, Issue of Scientific Fraud Not Easily Faced, The Chicago Times, August 16, 1989, http://articles.chicagotribune.com/1989-08-16/news/8901050101_1_stephen-e-breuning-federal-charges-nimh, viewed 7/31/2014.

751. Ibid.

752. Ibid.

753. Stephen Fried, *Bitter Pills, Inside the Hazardous World of Legal Drugs*, Bantam Books, New York, 1998, pp. 109–111.

Times best seller list for at least eighteen weeks.[754] Kramer, a Brown University psychiatrist, wrote that Prozac helped some patients feel "better than well" and that sometime soon, psychiatry could give normal people whatever personality they wanted.[755] Please view the revealing video, *The Marketing of Madness: The Truth about Psychotropic Drugs.*[756]

From 1985 to 1987, Dr. Martin Keller was on the Advisory Committee on Mood Disorders of the APA Task Force for the *DSM-III-R*. Keller was the editor on the section of Unipolar Disorders for the APA's Annual Review of Psychiatry (1986–1987). Keller was the co-chair of the APA's Task Force on Mood Disorders for *DSM-IV* (1988–1994). In 1988, he joined the Scientific Advisory Board of the Depression and Bipolar Support Alliance (DBSA), a 501(c) (3) organization that distributes almost 20,000 free educational materials to anyone requesting information about mood disorders. DBSA reaches nearly five million people through their educational materials and programs, exhibit materials, and media activities. He later became the DBSA's executive committee and then chair.[757], [758] Dr. Keller was the psychiatrist in chief at Butler Hospital, Providence, Rhode Island (1989–2009). Dr. Keller received fourteen grants, eight of which came from the NIMH, one from SmithKline Beecham and three from the Upjohn Company.[759]

In 1998, Dr. Keller received more than half a million dollars in consulting fees, most of it from pharmaceutical companies. At the time, he was receiving millions of dollars in funding from the NIMH for

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754. New York Times Best Seller List, November 14, 1993, http://www.hawes.com/1993/1993-11-14.pdf, viewed 5/24/2014.

755. David Healy, *The Creation of Psychopharmacology*, Harvard University Press, Cambridge, Massachusetts, Kindle, 2002, Locations 724–725.

756. *The Marketing of Madness: The Truth about Psychotropic Drugs* https://www.youtube.com/watch?v=IgCpa1RlSdQ#t=219, viewed 6/109/2014.

757. Martin B. Keller, MD, Department of Psychiatry & Human Behavior, Brown University/Butler Hospital

700 Butler Drive, Providence, RI, 02906, https://research.brown.edu/pdf/1100924449.pdf, viewed 6/10/2014.

758. About the Depression and Bipolar Support Alliance (DBSA), http://www.webcitation.org/5fOSrjmJs, viewed 6/10/2014.

759. Martin B. Keller, MD, Department of Psychiatry & Human Behavior, Brown University/Butler Hospital

700 Butler Drive, Providence, RI, 02906, p. 56, https://research.brown.edu/pdf/1100924449.pdf, viewed 6/10/2014.

research on depression and methods of treatment. In 1998, he authored an article in the journal *Biological Psychiatry* in which he cited his federal study on depression and concluded that the newer antidepressants, including Serzone, Zoloft, and Effexor, were all effective medications for depression. Pfizer, the manufacturer of Zoloft, paid Keller $218 thousand in personal income in 1998. He also received $77,400 in consulting fees from Bristol-Myers Squibb, the manufacturer of Serzone, and $8,785 from Wyeth-Ayerst, which makes Effexor.[760]

Keller was the main architect for a document promoting the use of GlaxoSmithKline's paroxetine (Seroxat) for treating teenagers. The basis for his and others' recommendation was Study 329, conducted in the United States from 1993 to 1998 for which Brown University received about $800 thousand. This study, under Keller's jurisdiction,[761] revealed that the drug was no more effective than placebos in alleviating symptoms such as self-harm and suicide ideation for patients in this age group. Subsequent studies, with the exact same data, concluded that the incidences of those symptoms were increased for those using Seroxat than for those using a placebo. Sally Laden, a ghostwriter, contributed much of the information in Study 329, as shown by internal e-mails uncovered by the BBC. In one, Dr. Keller wrote, "You did a superb job with this. Thank you very much. It is excellent. Enclosed are some rather minor changes from me."

GlaxoSmithKline conducted two clinical trials for Paxil, Study 329 and Study 377, in the early 1990s to obtain approval for the treatment of children.[762] An internal company memo 1998 reveals that company officials thought it best to conceal the negative results of the trial and publish the positive aspects of Study 329.[763] New York state officials took legal action against GlaxoSmithKline, accusing the company of fraud due to its false claims and the fact that the state had to pay

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760. The Integrity in Science Database, Monitoring, Exposing, and Opposing Conflicts, http://www.cspinet.org/integrity/index.html, viewed 3/24/2014.

761. Martin B. Keller, MD, Department of Psychiatry & Human Behavior, Brown University/Butler Hospital

700 Butler Drive, Providence, RI, 02906, p. 56, https://research.brown.edu/pdf/1100924449.pdf, viewed 6/10/2014.

762. David Healy, *Pharmageddon*, University of California Press, Berkeley, Los Angeles, Kindle, 2012, pp. 108–109.

763. Ibid., pp. 108–109.

for ineffective drugs for children in the system.[764] In 2003, Britain's Medicines and Healthcare Products Regulatory Agency (MHRA) banned Seroxat for children under the age of eighteen after it revealed that GlaxoSmithKline's (GSK) own studies showed that the drug actually triples the risk of suicide ideation and behavior in depressed children.[765]

Drug companies manipulate the dissemination of information and determine treatment protocols for the "psychiatric diseases." They decide the preferably high dosages, which generate greater profits. Nine out of ten "medical experts" who devise the dosage guidelines maintain financial connections to the drug companies for whom they write those instructions.[766] In 2003, Dr. Carl Elliott said, "Because 'enhancement technologies' are usually medical interventions, they must be prescribed or performed by a doctor, not as 'enhancements,' but as 'treatments' for psychological or physical suffering. As drug industry profits have increased, so have the number of new medical disorders, from social anxiety disorder and premenstrual dysphoric disorder to erectile dysfunction and irritable bowel syndrome. The industry sells drugs by selling the illnesses they treat."[767]

In early 2001, newscasters warned that ten million Americans may have what Dr. Jack Gorman, of Columbia University, diagnosed as general anxiety disorder (GAD): "The forgotten illness," characterized by restlessness, fatigue, irritability, muscle tension, nausea, diarrhea, paralyzing fear, and sweating. Gorman appeared on numerous TV programs, including ABC's *Good Morning America*, talking about GAD. Periodicals soon promoted the disease, conveniently timed when, on April 16, 2001, the FDA approved the antidepressant Paxil, originally released in 1993 by GlaxoSmithKline for the treatment of GAD, something that affected only 1.2 percent of the population. Cohn and Wolfe, a New York–based public relations firm, represented GlaxoSmithKline.

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764. Ibid., p. 125.

765. Drug company 'hid' suicide link, http://news.bbc.co.uk/2/hi/health/6308871.stm, viewed 6/10/2014.

766. Fred A. Baughman Jr. with Craig Hovey, The ADHD Fraud, How Psychiatry Makes "Patients" of Normal Children, Trafford Publishing, Victoria, British Columbia, 2006, pp. 165–171.

767. Carl Elliott, Is Ugliness a Disease?, The Guardian, August 26, 2003, http://www.theguardian.com/lifeandstyle/2003/aug/26/healthandwellbeing.health1, viewed 8/8/2014.

Marketing a disease is essential to selling drugs. Dr. Loren Mosher, a former official at the NIMH, stated that corporate-sponsored "disease awareness" campaigns concentrate on a minor psychiatric complaints that have "a large pool of potential sufferers."[768]

In 1971, Dr. Mosher, the first chief of the NIMH's Center for Studies of Schizophrenia (1969–1980), opened Soteria House (1971–1983) for people labeled as "schizophrenic." The patients lived with a layperson staff trained to compassionately interact with the patients who then did not need antipsychotic drugs. They improved over a comparative group who was medicated. Often, Soteria patients were able to eventually live independently and experienced fewer readmissions. However, the NIMH review panel, filled with numerous industry-connected psychiatrists, refused to grant sufficient funds to continue operating Soteria. Organized psychiatry forced Dr. Mosher out because of his success at Soteria. People in other countries now successfully use the Soteria House model.[769] He argued for humane treatment of schizophrenia without antipsychotics.

The FDA does not require a firm to list the drug risks when it is conducting a disease-awareness campaign. Cohn and Wolfe created a video to look like a legitimate press release claiming that SAD is "the third most common psychiatric disorder in the United States, after depression and alcoholism." At least thirteen drug makers paid Dr. Gorman as a consultant, including SmithKline, Eli Lilly, and Pfizer. Dr. Murray Stein of the University of California, also a paid consultant, promoted and conducted clinical trials on SAD. Hundreds of stories about SAD appeared in news reports, including the *New York Times* and *Vogue*. Within a year, Paxil was the nation's number two SSRI, ahead

768. Brendan I. Koerner, *First, you market the disease... then you push the pills to treat it, on the ugly truth about doctors*, PR firms and drug companies, The Guardian, July 30, 2002, http://www.theguardian.com/news/2002/jul/30/medicineandhealth, viewed 5/14/2014.

769 Fact Sheet 4, If Psychiatry Doesn't Work, What Can You Do about Mental Health Problems?, http://www.cchr.org/sites/default/files/education/appendix/08-fact-sheet-4.pdf, viewed 8/10/2014.

of Zoloft and equal with Prozac. The FDA had not approved Prozac or Zoloft for the treatment of SAD.[770]

By 2004, Big Pharma was financing over 60 percent of the clinical studies, using human subjects. Following those studies, doctors, who often have a conflict of interest, publish the skewed results in well-known scientific journals such as *Nature* and *The New England Journal of Medicine*, previously reliable but now negligent journals that unwary physicians refer to in order to learn about the newest drugs and the latest scientific findings. The doctors fail to note that doctors and drug company Wall Street marketing experts ghostwrite or devise many of the articles. Drug companies conceal, delay, or prohibit the publication of negative data regarding ineffective, dangerous drugs. Placebos are more effective than well-marketed drugs, such as Prozac and Zoloft, but one will never see that information in a medical journal.[771]

Ghostwriters draft glowing stories about the benefits of pharmaceutical drugs despite the fact that placebos are more effective than the drug in 50 percent of the trial. Naturally, companies never report the deaths that occur as a result of their drugs during a clinical trial. Companies succeed in their deceptive practices because the FDA, staffed with people closely connected to the industry, have reduced its standards in order to allow any company that produces the results of only two trials even if those results are 98 percent negative.[772]

The NIMH awards academic psychiatrists "research" grants and stipends from pharmaceutical companies, the total of which they are supposed to inform their employers about. If a doctor associated with a medical school received over $10 thousand yearly, it would constitute a "conflict of interest." During a seven-year period, Charles Nemeroff, head of the psychiatry department at Emory Medical School, received

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770. Brendan I Koerner, *First, you market the disease... then you push the pills to treat it, on the ugly truth about doctors*, PR firms and drug companies, The Guardian, July 30, 2002, http://www.theguardian.com/news/2002/jul/30/medicineandhealth, viewed 5/14/2014.

771. Shannon Brownlee, *Doctors without Borders, Why you can't trust medical journals anymore*, Washington Monthly, April 2004, http://www.washingtonmonthly.com/features/2004/0404.brownlee.html, viewed 5/16/2014.

772. David Healy, *Pharmageddon*, University of California Press, Berkeley, Los Angeles, Kindle, 2012, pp. 76–77.

about $2.8 million as a speaker/consultant for various drug makers. GlaxoSmithKline (GSK) paid him $960 thousand to endorse Paxil and Wellbutrin. He coauthored the APA's *Textbook of Psychopharmacology* (2009), a best-selling textbook, along with Alan F. Schatzberg.[773]

In 2006, Jeffrey A. Liebermann, the APA president (until May 2014), sent a letter, along with about thirty other doctors, to the editor of *The Wall Street Journal*. Liebermann disclosed the consulting fees and grants from AstraZeneca, Bristol-Myers Squibb, Upjohn Pharmacia, Novartis, Eli Lilly, Janssen, Pfizer, and Hoechst AG. He was also associated with the speaker's bureaus at AstraZeneca, Janssen, Eli Lilly, and Pfizer. In 2007, he revealed in the journal *Primary Psychiatry* that Eli Lilly and Pfizer used him as a consultant and he was also on the advisory boards of AstraZeneca, Eli Lilly, GSK, and Pfizer. In 2009, he received grants from Forest Laboratories, Merck, Pfizer, AstraZeneca, Bristol-Myers Squibb, GSK, Janssen, and Wyeth for the annual meeting of the American College of Neuro-psychopharmacology in which he was a participant. In 2011, he disclosed that he sat on the advisory boards of Eli Lilly, GSK, and Intra-Cellular Therapies and received research grants from Allon Therapeutics, GSK, Ortho-McNeil-Janssen, Merck, Novartis, and Pfizer. In 2013, when he was a member of the psychiatry editorial board at Medscape, he received research grants from Allon, Novartis, Sepracor, Targacept, GSK, Eli Lilly, Merck, Novartis, Pfizer, and Psychogenics.

Novartis belongs to the European Federation of Pharmaceutical Industries and Associations, the International Federation of Pharmaceutical Manufacturers and Associations, and the PhRMA. Novartis, a multinational pharmaceutical company, headquartered in Basel, was number one in worldwide sales ($57.9 billion) in 2013. They manufacture Clozaril, Voltaren, Tegretol, Diovan and Gleevec/Glivec, Neoral/Sandimmun, Femara, Ritalin, Lamisil, and others.

According to the *New York Times*, in an article from 2007, the pharmaceutical industry paid several psychiatrists in Vermont an average of $45,692, an increase from $20,835 in 2005. In 2006, psychiatric drug manufacturers spent $2.25 million, plus other fees and travel expenses, to entice doctors, hospitals, and universities in Vermont to promote

773. Robert Whitaker, *Anatomy of an Epidemic, Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, Broadway Books, New York, Kindle, 2010, pp. 320–323.

pharmaceutical products. This was a 2.3 percent increase over 2005. The psychiatrists who received the most money regularly prescribed antipsychotic drugs to children.[774] One might presume that if the psychiatric drug manufacturers are bribing psychiatrists, hospitals, and universities in Vermont, then they are probably bribing them in all the other states that have a thriving psychopharmacological industry like Connecticut.

Joseph Biederman, professor of psychiatry at the Harvard Medical School, a university-based physician, also practiced psychiatry at Massachusetts General Hospital in Boston. Dr. Lawrence Diller and others refer to such doctors as "ivory tower docs."[775] Biederman was a top KOL who built a demand for pharmaceutical products, particularly because of his concept of juvenile bipolar illness, which often leads psychiatrists to prescribe a drug cocktail for children and teenagers. He accepted $1.6 million from some pharmaceutical companies for his marketing skills from 2000 to 2007. Much of that money came from Janssen, a division of Johnson & Johnson, the makers of the antipsychotic drug Risperdal. According to internal documents and e-mails from 2002 to 2005, he persuaded the firm to create Johnson & Johnson Center for Pediatric Psychopathology at Massachusetts General Hospital for a cost of $2 million.[776] He received research grants from eight companies, acted as a "consultant" to nine, and served as a "speaker" for eight.[777]

The *New York Times* reporter Gardiner Harris stated that a November 1999 e-mail message from John Bruins, a Johnson & Johnson marketing executive, begs his supervisors to approve a $3,000 check for Biederman for a lecture he gave at the University of Connecticut. In the e-mail, Bruins said, "Dr. Biederman is not someone to jerk around; he is a very proud national figure in child psych and has a very short fuse." Bruins said that Biederman was furious after Johnson & Johnson rejected a

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774. Gardiner Harris, *Psychiatrists Top List in Drug Maker Gifts*, New York Times, June 27, 2007, http://www.nytimes.com/2007/06/27/health/psychology/27doctors.html?_r=0, viewed 5/16/2014.

775. Lawrence H. Diller, *Remembering Ritalin: A Doctor and Generation Rx Reflect on Life and Psychiatric Drugs*, Penguin Group, New York, Kindle, 2011, p. 31.

776. Robert Whitaker, *Anatomy of an Epidemic, Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, Broadway Books, New York, Kindle, 2010, pp. 324–325.

777. Ibid., p. 173.

request that he had made for a $280 thousand research grant. Bruins wrote, "Since that time, our business became non-existent within his area of control." Bruins concluded that unless Biederman received a check soon, "I am truly afraid of the consequences."[778]

According to the *New York Times*, March 28, 2009, federal agents issued a subpoena to Drs. Joseph Biederman, Thomas J. Spencer, and Timothy E. Wilens. The article said, "The three researchers have advocated increased use of antipsychotic medicines in children and have accepted lucrative consulting agreements from the drugs' makers. Senator Charles E. Grassley, an Iowa Republican investigating conflicts of interest in medicine, found that each of the researchers had failed to report much of his consulting income to Harvard. Mr. Grassley has also said that Dr. Biederman and Dr. Wilens might have violated federal and university research rules. The controversy led Dr. Biederman to suspend his work with the drug industry."[779]

On July 2, 2011, the *Harvard Crimson* reported that the three Harvard psychiatrists Biederman, Spencer, and Wilens had, the day before, issued a letter of apology to their colleagues at Harvard Medical School and Massachusetts General Hospital. They admitted that they "had violated conflict of interest policies," which "require affiliates to report industry-sponsored activities to the University." The doctors said that they made an "honest" mistake and they "will be required to refrain from all paid industry-sponsored outside activities for one year." On July 21, 2010, it was reported that Harvard, for the first time, established a conflict of interest policy "to address the financial interests of faculty members on a University-wide basis."[780] Wilens was a consultant for Abbott Laboratories, Ortho-McNeil Pharmaceuticals, Cephalon, GSK,

778. Gardiner Harris, Research Center Tied to Drug Company, The New York Times, November 24, 2008, p. A22.

779. Gardiner Harris, 3 Researchers at Harvard Are Named in Subpoena, *The New York Times*, March 28, 2009, p. A9.

780. Xi Yu, Three Professors Face Sanctions Following Harvard Medical School Inquiry, Investigation by Medical School and Massachusetts General Hospital punishes psychiatrists accused by senator, The Harvard Crimson, July 2, 2011, http://www.thecrimson.com/article/2011/7/2/school-medical-harvard-investigation, viewed 6/20/2014.

Janssen Pharmaceutica Products, Eli Lilly & Co., Neurosearch, Novartis, Pfizer Labs, Saegis, Sanofi-Synthelabo, and Shire US.[781]

Biederman receives research support from the following sources: Abbott Laboratories, Bristol-Myers Squibb, Cephalon, Eli Lilly, Janssen, McNeil-PPC Inc., Neurosearch, New River Pharmaceuticals, Novartis, Pfizer, and Shire Pharmaceuticals. He was also a speaker for Cephalon, Eli Lilly, McNeil-PPC Inc., Shire Pharmaceuticals, UCB Pharma, and Novartis and on the advisory boards of Cephalon, Eli Lilly, Janssen, McNeil-PPC Inc., Novartis, and Shire Pharmaceuticals.[782]

Greg Thorpe, who had worked for GSK for twenty-four years, filed a quitam whistle-blower lawsuit against his former employer, which resulted in a $3 billion settlement with the federal government. GSK, along with other pharmaceutical companies, attempt to market their "antidepressants, antipsychotics and other psychotropic drugs to treat poor children, often for uses never approved by federal regulators." Thorpe objected to using free spa treatments and pedicures, hunting trips, tickets to sports games, and skiing junkets to doctors and others in exchange for them prescribing GSK drugs to their patients. His manager "wrote him up for not being a team player." GSK supervisors expect their subordinates to follow this very popular practice throughout the industry.[783]

Thorpe, in his Colorado Springs territory, sold and marketed pharmaceuticals to all primary care physicians and neurologists/psychiatrists. He gave sales presentations that included in services, speaker programs, and direct product presentations to physicians, pharmacists, hospitals, managed care branches, and other ancillary medical providers. According to the information in his 752-page quitam lawsuit, Thorpe had to fully comply with company objectives to sell as much products as possible. A district sales manager completed a comprehensive monthly

781. The Integrity in Science Database, Monitoring, Exposing, and Opposing Conflicts, http://www.cspinet.org/integrity/index.html, viewed 3/24/2014.

782. Ibid.

783. Christopher N. Osher and Jennifer Brown, Drug Firms Have Used Dangerous Tactics to Drive Sales to Treat Kids, The Denver Post, April 14, 2014, http://www.denverpost.com/investigations/ci_25561024/drug-firms-have-used-dangerous-tactics-drive-sales, viewed 4/16/2014.

field coaching report based on "performance standards." Government prosecutors did not join Thorpe's suit for nine years.[784]

Thorpe received a warning letter on October 1, 2001, confirming a verbal warning referring to his "rebutting directives from the company, or questioning the new incentive compensation programs, company guidelines and policies" and making negative comments to "team members." Pat B. Keith, the district sales manager, gave him thirty days to improve his performance or "be separated from employment." Up to this point, he had been one of GSK's top performers. Thorpe's comments to a fellow employee had to do with other pharmaceutical companies facing huge fines such as TAP Pharm who had recently "had to pay almost one billion dollars for similar conduct" (incentives to doctors).

Thorpe said that he did not "want to be the one responsible for a child's injury or worse because we PAID a physician who wrote a book on ADHD to tell others that Wellbutrin SR was a great drug for ADHD. Nor do I want to be responsible for paying a Nurse Practitioner to tell 200 others that Amerge is a great drug for pediatric migraine. Further, I will not take part in paying for an expensive lunch, and a day at the SPA ($350) for 25 physicians and physician's assistants, just for listening to what they already know about Wellbutrin SR for ½ hour. I also believe expensive programs now approved and pending by Pat Keith DM—regarding ski bus trips to Breckenridge, dinner and tickets to Avalanche games with a gest for physicians is no more than buying the business through bribery. Is this the high road? We have been told that public perception is everything now."[785]

Thorpe further wrote, "Well, just imagine the call I received ten minutes ago from a physician's assistant, not a physician, ordering a 65-minute deep tissue massage, a 60-minute Colorado cleansing facial, a 30-minute foot reflexology and a pedicure and French manicure. This would be after her lunch at the Broadmoor and (a) 30-minute lecture by Brendan Montano MD who flew in from Connecticut for several thousand dollars to talk about weight loss and the benefits of Wellbutrin SR. I want to promote the benefits of my products but this sickens

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784 Greg Thorpe, 1978-2002 Senior Executive Sales Representative, GlaxoSmithKline, http://www.quitam-lawyer.com/sites/quitam-lawyer.com/files/02.03.12%20-%20GSK%20--%20Exhibits%20to%207AC%201-752.pdf, viewed 4/16/2014.

785. Ibid.

even me. Can you imagine if the *Wall Street Journal* got a copy of this invitation, it would make the 'dine and dash' look like a walk in the park. All of the above has approved by my District Manager Pat Keith, who discipline ME for refusing to participate in a lecture by Paul Wender MD, who came here as he seemingly has all over the US to promote Wellbutrin SR for ADHD, as well as his own book."[786]

Wender wrote *ADHD in Children and Adults*, which was published in 2000. Wender was affiliated with Harvard Medical School and a senior consultant in the Developmental Biopsychiatry Research Program at McLean Hospital, which is the largest psychiatric teaching facility of Harvard Medical School, and an affiliate of Massachusetts General Hospital.

The drug industry and its front groups are naturally concerned about maintaining their very profitable connection to Medicare. On May 15, 2013, the board of trustees named Saul M. Levin, a gay Washington DC psychiatrist, then the interim head of the district's Department of Health, as the CEO and medical director of the APA, based in Arlington, Virginia.[787] Ironically, had the APA not altered its *DSM-II*, it would have diagnosed Levin with a mental illness. Levin, a member of the APA since 1987, now heads it.

Levin, formerly the president of Access Consulting International, was a "prime or subcontractor of grants, contracts and cooperative agreements with the following government DHHS agencies: NIH, HRSA, SAMHSA, and CDC." He coedited *A Guide to Substance Abuse Services for Primary Care Clinicians: Concise Desk Reference* for the US DHHS as part of the *Treatment Improvement Protocol (TIP) 24 Series*, originally printed in 1998. He also worked for the AMA (2008–2011).[788], [789]

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786. Ibid.

787. Lou Chibbaro Jr., *Gay DC psychiatrist named head of APA*, Washington Blade, May 21, 2013, http://www.washingtonblade.com/2013/05/21/gay-washington-dc-psychiatrist-saul-levin-named-head-of-american-psychiatric-association-apa, viewed 5/24/2014.

788. Saul Levin, CEO and Medical Director, American Psychiatric Association (APA), Linked-in, http://www.linkedin.com/pub/saul-levin/5/983/664, viewed 5/24/2014.

789. Guide: http://www.taadas.org/publications/prodimages/A%20Guide%20to%20Substance%20Abuse%20Services%20for%20Primary%20Care%20Clinicians%20Concise%20Desk%20Reference%20Based%20on%20TIP%2024.pdf, viewed 5/24/2014.

Levin was not new to APA activities; he had participated on the board of APA's political action committee (APAPAC), had served on the Scientific Program Committee, and had advised the Finance and Budget Committee. He was also a member of the APA delegation to the AMA. Dr. Jeffrey A. Lieberman said, "Saul's expertise in electronic health information exchanges and implementation of the Affordable Care Act and meaningful-use requirements, as well as his commitment to mental health parity and proven leadership of large organizations will be extremely important to APA and its members as we adapt to and continue our leadership role in health care reform."[790]

790. Saul Levin, M.D., Will Be Next APA Medical Director/CEO, Psychiatric News, May 15, 2013, http://alert.psychiatricnews.org/2013/05/saul-levin-md-will-be-next-apa-medical.html, viewed 5/24/2014.

Ask Your Doctor if Suicide is Right for You

First, Do No Harm

Herbert Hoover, as secretary of commerce (1921–1928), was responsible for the Radio Act of 1927, allowing the government to regulate the nation's radio stations. The FCC began operating on July 11, 1934, with seven president-appointed commissioners. The Reagan administration reduced that number to five in 1983. Reagan accelerated an already ongoing shift in the FCC toward a more business-based position. He appointed Mark S. Fowler, a communications lawyer, as head of the FCC. Fowler aggressively opposed the fairness doctrine and "set about pruning, chopping, slashing, eliminating, burying and deep-sixing fifty years of regulations that guarded against monopolistic practices and excessive commercialism and protected the public interest standard." The government rescinded the fairness doctrine, along with diversity, fairness, equal time, and objectivity. Television and radio stations were no longer required to present both sides of important or controversial issues.[791]

The government insisted that regulation was necessary due to a barrage of signal interference. Selectively licensing broadcasters solved the dilemma of allocating the alleged limited amount of airwave frequency. The airwaves were defined as public property but were placed under the *guardianship* of the commission especially selected by federal government officials. Government regulations, regardless of public airwave ownership, stifle the free dissemination of ideas in a purportedly open marketplace.[792] People made certain naïve assumptions that supposedly

791. Steve Brock, The Republican Noise Machine, Right-Wing Media and How it Corrupts Democracy, Crown Publishers, New York, 2004, pp. 294–95.

792. B.K. Marcus, The Spectrum Should Be Private Property: The Economics, History, and Future of Wireless Technology, http://www.mises.org/fullstory.aspx?Id=1662, viewed 7/10/2014.

objective broadcasters, advertisers (infomercials), and others, now acting as public trustees, would never violate their trust. Without these changes, ambiguous pharmaceutical drug advertisements would never have been allowed.

The drug industry's influence was apparent before it was allowed to advertise on television. In March 1992, *Consumer Reports* figured that the drug industry spent $5 billion a year out of its $63 billion receipts marketing, including advertising in medical journals and magazines. It also financed "public awareness" projects such as the National Depression Awareness Day and presented grants to entities such as the Anxiety Disorder Association of America (ADAA), the National Depressive and Manic Depressive Association (NDMDA), and the American Association for Marriage and Family Therapy (AAMFT.) The APA admitted that the drug industry financed about 30 percent of its budget via grants, ads in its journals, and by sponsoring exhibits at professional conferences.[793]

Under Title 21, Code of Federal Regulations (CFR), section 202.1 states that the drug companies cannot make false or misleading statements about prescription drugs in their advertisements. Companies must also "present a fair balance between effectiveness and risk information" and "must disclose the most significant risks that appear in the labeling."[794] On August 8, 1997, the FDA released its draft guidance that effectively enabled the use of direct to consumer (DTC) advertisements, allowing the pharmaceutical industry that bought the services of high-priced Madison Avenue professionals, to elaborate on the alleged benefits along with a brief monotonous recitation of the drug's risks, a functional public legal disclaimer. The blurbs, according to legal guidelines, do not give medical advice but suggest the viewer "ask your

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[793] Barry Duncan, Scott Miller, Jacqueline Sparks, Exposing the Mythmakers: How Soft Sell Has Replaced Hard Science, Family Therapy Networker, Volume 24, Issue 2, March/April 2000, Psychotherapy Networker, Inc. Nov/Dec 1996.

[794] A Report by Citizens Commission on Human Rights, 2006, Psychiatry, the Pharmaceutical Industry and the FDA—A Destructive Alliance Endangering the Lives of Children, Facts About "Attention Deficit Hyperactivity Disorder" and Stimulant Use and Marketing, http://www.cchr.org/sites/default/files/Psychiatry the Pharmaceutical Industry and the FDA--a destructive alliance endangering the lives of children.pdf, viewed 3/10/2014.

doctor if . . ." who may be only too happy to accommodate the "self-medicating" request.

We have all seen TV ads that suggest that the viewer ask their doctor about a particular drug. I deliberated about this chapter title as I greatly empathize with the families of thousands of individuals who have committed suicide, especially while under the influence of psych drugs. These drugs are deceptive, despicable, and the drug manufacturers know exactly what they have created and are marketing to the public. If they were really honest, the advertiser would actually say, "Ask your doctor if suicide is right for you" as that is precisely the risk that people take when they ask their doctor, typically an admired authority figure, for a prescription as many of those drugs may cause suicide ideation.

Biopsychologist Elliot Valenstein, author of *Blaming the Brain*, says that people "are forced to depend on information that is really promotional material, or, at the very least, is information that is filtered and shaped by various interests groups. . . . What physicians and the public are reading about drugs and what causes mental disorders is by no means a neutral reflection of all the information that is available."[795] It is about the Madison Avenue marketing of a potent pharmaceutical, most likely an addictive product to assure a life-long consumer, however short or long that might be. Doctors following the liability-protecting AMA Standard of Care often accommodate the patient and write a prescription before rushing off to his or her next patient. Doctors often receive the same promotional information as the viewer. He or she may also receive trips, spa treatments, cash payments, and other tempting lifestyle-enhancing incentives from a pharmaceutical rep with a seemingly never-ending Big Pharma expense account.

Doctors obtain much of their information from "drug company representatives and advertisements." The industry-sponsored "scientific" seminars that doctors attend function as drug-promotional conferences. Doctors frequently attribute any drug side effect to the patient's "mental illness" instead of the prescribed drugs. Impaired patients and their families cannot conceive of what is occurring, never recognizing that the

795. CCHR, False and Misleading "Advertising" by Psychiatric Groups, A Contributing Factor in Negligence and Harm?, January 29, 2004, http://www.cchr.org/sites/default/files/False and Misleading Advertising by Psychiatric Groups.pdf, viewed 4/10/2014.

drug(s) is the cause. Doctors and nurses, swayed by drug company reps, regularly disregard their patients' "complaints" as irrational and ascribe them to their disorder. Additionally, some drug-induced reactions, such as akathisia, are so disturbing that patients sound illogical in describing them.[796]

Obedience-trained Americans have been programmed for decades by corporate-controlled television, a culture-changing and perception-managing vehicle. Robert Young, formerly the star of Father Knows Best, went on to portray Marcus Welby, M.D. (1969–1976) costarring a James Brolin. Viewers are never going to see a TV program about a naturopathic doctor who has cured hundreds of people using natural methods. Young told an interviewer that people would often approach him and ask for medical advice. Thereafter, Young made numerous television commercials prompting edgy people to drink Sanka coffee.

Doctors portrayed as all-knowing, invincible, and persuasive hit the television airways—*Dr. Kildare* (1961–1966); *Ben Casey* (1961–1966); *The Doctors* (1963–1982); *General Hospital* (1963–present); *The Nurses* (1965–1967); *Medical Center* (1969–1976); *The Bold Ones: The New Doctors* (1969–1973); *Dr. Simon Locke* (1971-1974); *Temperatures Rising* (1972–1974); *Emergency!* (1972–1979); *Doctors' Hospital* (1975–1976); *Quincy, M.E.* (1976–1983); *Trapper John, M.D.* (1979–1986); *St. Elsewhere* (1982–1988); and others, all programmed with just the right emotional impact. There continues to be a plethora of play doctors "educating" the television-viewing audience, including in the commercials. The drug companies also use well-known sports figures to promote their products.

Dr. Mark Sircus wrote, "The entire contemporary medical establishment is abandoning its fundamental mission and pledge to protect the public and their patients against harm when medically possible." Further, Dr. Sircus wrote, "It is impossible to honor the Hippocratic Oath and practice modern pharmaceutical medicine at the same time because each and every pharmaceutical drug is poisonous to one degree or another. [797]

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[796] Peter Breggin, The Antidepressant Fact Book: What Your Doctor Won't Tell You About Prozac, Zoloft, Paxil, Celexa, And Luvox, Da Capo Press, Cambridge, Massachusetts, Kindle, 2009, Locations 951–958.

[797] Mark Sircus, Iodine - Bringing Back the Universal Medicine, International Medical Veritas Association, Kindle Edition, 2011, Locations 1080-1081, 1174-1176

However, despite their abandonment of the Hippocratic Oath, physicians should still have a professional, moral, and legal obligation to recognize the presence of physical disease in their patients before resorting to citing a mental disorder for a patient who is experiencing discomfort. Many mental disorders or behavioral disturbances may be "precipitated by vitamin or mineral deficiencies." Dr. David W. Tanton suggests that "eating foods that create allergies or sensitivities could affect moods. Hypoglycemia (abnormally low blood sugar), hypothyroid (insufficient thyroid gland) or adrenal fatigue, as well as the use of many prescription and over-the-counter medications could easily contribute to feelings of depression." Overuse of antibiotics taxes the immune system, "causing exhaustion and anxiety." One may also link feelings of depression to low consumption of protein. Children labeled as ADHD often have "diets low in iron and fatty acids."[798]

Doctors and other health professional should be the first individuals who possess consistent information about psychiatric drugs, such as Prozac, Zoloft, Paxil, Celexa, and Luvox. However, the drug industry has devised an aggressive, very persuasive marketing campaign.[799]

Doctors justify psychiatric drugs as a "last resort" to save a life "from suicide or violence," despite the fact that there is no "scientific evidence that drugs are useful to people during acute emotional crises." The drug company typically eliminates individuals who are suicidal or violent from its clinical tests. Regardless, the FDA has "never approved of a drug specifically for the prevention or control of suicide or violence." No drug maker has ever created a drug that is capable of decreasing the suicide rate or restraining violence. Instead, the evidence shows that many of these drugs, such as antipsychotics, antidepressants, stimulants, and

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798. CCHR, Mental Health Care: What is the Alternative to Psychotropic Drugs? A Public Interest Report on Medical Alternatives to Psychiatry, January 2008, http://www.cchr.org/sites/default/files/What is the Alternative to Psychotropic Drugs White Paper.pdf, viewed 8/1/2014.

799. Peter Breggin, *The Antidepressant Fact Book: What Your Doctor Won't Tell You About Prozac, Zoloft, Paxil, Celexa, And Luvox,* Da Capo Press, Cambridge, Massachusetts, Kindle, 2009, Locations 177-179.

tranquilizers can instigate or intensify depression, suicide, paranoia, and violence.[800]

Britain's Charles Medawar, author of *The Antidepressant Web, Marketing Depression and Making Medicines Work*, wrote that about 80 percent of patients whose doctors diagnose them with "depression" recover without treatment, "given sufficient time." Charles B. Inlander, wrote in *Medicine on Trial*, "People with real or alleged psychiatric or behavior disorders are being misdiagnosed—and harmed to an astonishing degree . . . Many of them do not have psychiatric problems but exhibit physical symptoms that may mimic mental conditions...are misdiagnosed, put on drugs, put in institutions, and sent into a limbo from which they may never return."[801]

On May 17, 2000, the United States House Subcommittee on Early Childhood, Youth, and Families looked into reported problems with Ritalin. Doctors overprescribe and dispense samples without a diagnosis. Kids steal and/or sell Ritalin at school. It is often combined with an SSRI such as Prozac, Luvox, Zoloft, and Paxil. There is a relationship between violence and drugs, especially the SSRIs. Gun control activists cite the figure of 30,000 gun deaths a year (1998), 60 percent or 18,000 of which were suicides. Thirty percent of those suicides include taking at least one other life. That's 5,400 suicide-related deaths. The majority of those with suicide ideation have had therapy; most therapy includes taking mind-altering drugs.[802]

Of those 30,000 deaths, police officers account for many gun deaths while a few of them are private citizens who are legally defending themselves. About 23,000 gun deaths a year are suicides while another 3,000 gun deaths are criminals killed during a criminal act, leaving

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800 Peter R. Breggin, David Cohen, Your Drug May Be Your Problem: How and Why to Stop Taking Psychiatric Drugs, Perseus, Cambridge, Massachusetts, 2000, p. 277.

801. CCHR, Mental Health Care: What is the Alternative to Psychotropic Drugs? A Public Interest Report on Medical Alternatives to Psychiatry, January 2008, http://www.cchr.org/sites/default/files/What_is_the_Alternative_to_Psychotropic_Drugs_White_Paper.pdf, viewed 8/1/2014.

802 School Shootings Linked to Psychotropic Drugs Such as Prozac, Ritalin, Luvox, and Paxil, http://www.antidepressantsfacts.com/2000-05-16-School-Shootings-Psychotropic-Drugs.htm, viewed 5/20/2014.

4,000 gun deaths, out of which are half are gang-related. About 2,000 deaths are the result of unintentional shootings.[803] Many people blame the problem of those 23,000 annual suicide gun deaths on guns and not depression. Doctors prescribe antidepressants for the majority of the people whom they diagnose with depression. Overdosing is not the only issue; it is also the horrific adverse reaction, usually suicidal and psychotic emotions, of the abrupt discontinuation of the medication.[804] In 2003, according to Robert Whitaker, author of *Mad in America*, the APA issued a warning about neuroleptic drugs *only after* "several highly publicized civil lawsuits found psychiatrists negligent for failing to warn patients."[805]

On June 11, 2003, researchers at Harvard and MIT released the results of their joint investigation showing that the pharmaceutical industry's DTC advertising increased its profits from $800 million in 1996 to $2.7 billion in 2001, and for ADHD prescriptions, it went from fifteen million prescriptions in 1997 to 20.6 in 2001, a 37 percent increase. For every dollar the industry spent on advertising, it enjoyed a return of $4.20 in sales. They devised the advertising not "to inform consumers, but to misinform them" and to encourage viewers to schedule an appointment with a busy physician who is equally misinformed about prescription drugs, who in a brief visit would prescribe a drug and appear efficient and all-knowing.[806]

Between 2002 and 2004, sick leave increased by almost 100 percent. Depression and other mental health problems cost an average of $17 billion in disability pay and $217 million in lost work days. Some people recommend better, less expensive treatment for physical and mental issues as well as equal coverage for mental health treatment in addition to more

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803. Ibid.

804. Ibid.

805. CCHR, False and Misleading "Advertising" by Psychiatric Groups, A Contributing Factor in Negligence and Harm?, January 29, 2004, http://www.cchr.org/sites/default/files/False and Misleading Advertising by Psychiatric Groups.pdf, viewed 4/10/2014.

806. Fred A. Baughman Jr. with Craig Hovey, The ADHD Fraud, How Psychiatry Makes "Patients" of Normal Children, Trafford Publishing, Victoria, British Columbia, 2006, pp. 165–171.

screening for mental health problems.[807] The FDA knew about the suicide risks associated with SSRIs before they approved of Prozac in December 1987. Yet, the FDA did not require a "black box" for fourteen years, warning people about the dangers of antidepressants, especially to those people under the age of eighteen. By 2004, there had been an estimated 63,000 SSRI-associated suicides. In 2004, the FDA belatedly issued an advisory, stating, "Anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia (severe restlessness), hypomania, and mania, have been reported in adult and pediatric patients being treated with antidepressants . . . both psychiatric and nonpsychiatric." By then, doctors had prescribed violence-causing psychiatric drugs to at least eleven school shooters.[808]

Big Pharma would not be enjoying the billions in sales for "ADHD drugs, antidepressants, and other psychiatric drugs" if not for the doctors who eagerly write prescriptions so they can get on to the next patient. Physicians, too busy to keep up, receive most of their continuing education from drug reps in addition to the direct-to-consumer advertisements. On April 22, 2004, the British medical journal *The Lancet* published an accurate analysis conducted by six British academic psychiatrists and researchers describing the actual risks as opposed to the benefits of some of the new antidepressants medications (Paxil (paroxetine), Effexor (venlafaxine), Zoloft (sertraline), and Celexa (citalopram). They evaluated the pharmaceutical company-funded drug trials and found them highly biased and written so that they would appeal to doctors. [809]

On September 23, 2004, Dr. Robert Temple, director, Office of Medical Policy for the FDA's Center for Drug Evaluation and Research

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807 Laurie Meyers, Monitor Staff Still a system in need of repairs, A national forum focused on the state of mental health care three years after the President's New Freedom Commission report, American Psychological Association,, June 2006, Volume 37, No. 6.

808 CCHR, Mental Health Care: What is the Alternative to Psychotropic Drugs? A Public Interest Report on Medical Alternatives to Psychiatry, January 2008, http://www.cchr.org/sites/default/files/What is the Alternative to Psychotropic Drugs White Paper.pdf, viewed 8/1/2014.

809. Fred A. Baughman Jr. with Craig Hovey, The ADHD Fraud, How Psychiatry Makes "Patients" of Normal Children, Trafford Publishing, Victoria, British Columbia, 2006, pp. 165–171.

(CDER), talked to a Senate subcommittee during which he stated, "Depression is a serious mental illness that affects the way nearly 19 million adult Americans feel, think, and interact. In younger populations, depression affects up to 2.5 percent of children and about eight percent of adolescents in the United States. These disorders often go unrecognized by families and physicians because behaviors associated with depressive disorders may be seen as normal mood swings typical of a particular developmental stage. Depression can lead to suicide. Suicide is the third leading cause of death in the US in the 15-19 year-old age group and accounts for more deaths than all other major physical conditions combined."[810]

Temple said, "Suicidality, in the context of treating patients with depression and other psychiatric illnesses, has been a genuine concern and a longstanding topic of debate. Whether anti-depressant drug use causes suicidal thinking or behavior in adult or pediatric patients is a critically important question that we must answer in a careful, thoughtful manner. The Agency realizes its responsibility to the public to find the right answer to this question. A premature conclusion that these drugs are harmful (when used in the pediatric population), which does not hold up during a more careful review would be a disservice to the public health given the serious and potentially life-threatening nature of severe depression. This is of particular concern since there are no acceptable therapeutic alternatives for health care providers and their pediatric patients with depression."[811]

In 2004, Dr. Robert A. King said, "Antidepressants should not be prescribed by a family doctor or pediatrician unless that doctor has a great deal of experience dealing with childhood depression." He says that antidepressants may reduce suicide risk for depressed children but

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810. Anti-depressant Drug Use in Pediatric Populations, Statement of Robert Temple, M.D., Director, Office of Medical Policy, before the Senate Subcommittee on Oversight and Investigations, Committee on Energy and Commerce, September 23, 2004, http://www.fda.gov/NewsEvents/Testimony/ucm113265.htm, viewed 6/28/2014.

811. Ibid.

increase it for a subset of patients who react adversely.[812] In October 2006, Dr. King suggested that an SSRI such as Zoloft, Luvox, Celexa, Lexapro, or Paxil might be helpful in reducing Adam Lanza's symptoms.[813] Other doctors such as Dr. Breggin, a psychiatrist, acknowledged the dangers of SSRIs and began warning others about them. Some doctors continue to prescribe such drugs despite the unprecedented devastation it was sure to unleash in the lives of thousands, if not millions, of people.

Sydney Walker III wrote in *The Hyperactivity Hoax* that children labeled as ADHD may be suffering from diabetes, heart disease, worms, viral or bacterial infections, malnutrition, head injuries, genetic disorders, allergies, mercury or manganese exposure, petit mal seizures, and hundreds of other medical problems. No one has ever determined the cause of bipolar disorder (BPD) as there are no objective biological markers. Rather, psychiatric drugs cause the symptoms that psychiatrists claim represent BPD. In 2006, the FDA issued a warning that stimulants such as Ritalin, Adderall, and Celexa cause "bipolar" symptoms. Recent studies reveal that throat infections may trigger obsessive-compulsive disorder symptoms as an autoimmune response to streptococcal infections.[814]

As of June 2006, according to Ileana Arias, PhD, director of the CDC's National Center for Injury Prevention and Control, 31,000, about 85 Americans per day, committed suicide each year.[815] While suicide rates are high throughout the nation, the highest rate is among depressed

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812 Gardiner Harris, Drugs, Children and Suicide: Is There a Cover-up Going On? Antidepressants Restudied for Relation to Child Suicide, New York Times, June 20, 2004, http://parentadvocates.org/index.cfm?fuseaction=article&articleID=3364, viewed 5/5/2014.

813 State of Connecticut, Department of Public Safety, Book 8, Document 179815.

814 CCHR, Mental Health Care: What is the Alternative to Psychotropic Drugs? A Public Interest Report on Medical Alternatives to Psychiatry, January 2008, http://www.cchr.org/sites/default/files/What is the Alternative to Psychotropic Drugs White Paper.pdf, viewed 8/1/2014.

815. Laurie Meyers, Monitor Staff Still a system in need of repairs, A national forum focused on the state of mental health care three years after the President's New Freedom Commission report, American Psychological Association,, June 2006, Volume 37, No. 6.

people in rural areas as they tend to have more access to guns.[816] In 2010, according to the Institute for Health Metrics and Evaluation, Global Burden of Disease, the number of suicides worldwide totaled 883,715. These deaths outnumbered deaths from war (17,670), natural disasters (196,018), and murder (456,268).[817] Among teenagers, according to the CDC, suicide is the third leading cause of death.[818]

In 2010, according to the CDC, there were 38,364 reported suicides in the United States, making it the tenth leading cause of death. Someone killed himself or herself every 13.7 minutes. In addition, 464,995 people visited a hospital for self-inflicted injuries though not intending suicide. Those who inflicted harm on themselves went to the hospital about 650,000 times for treatment relative to their injuries. More than half (50.6 percent) of all those who killed themselves used a gun. Suicide by suffocation (hangings) totaled 24.8 percent and poisoning at 17.3 percent.[819]

By 2009, the number of suicide deaths surpassed the number of vehicular deaths in the United States. Statistics have previously focused their suicide prevention efforts on youths and older adults, but recent evidence indicated that the number of suicides among middle-aged adults in the United States has substantially increased. The CDC investigated mortality data among adults aged thirty-five to sixty-four years from 1999–2010 using the National Vital Statistics System (NVSS). The CDC examined the suicide rates by sex, age group, race/ethnicity, state and region of residence, and method of suicide. Statistics indicated that the annual suicide rate among persons aged thirty-five to sixty-four years

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816. Suicide: 20 states with highest rates, CBS News, http://www.cbsnews.com/pictures/suicide-20-states-with-highest-rates, viewed 5/1/2014.

817. Tony Dokoupil, Why Suicide Has Become an Epidemic—and What We Can Do to Help, Newsweek, May 23, 2013, http://www.newsweek.com/2013/05/22/why-suicide-has-become-epidemic-and-what-we-can-do-help-237434.html, viewed 5/1/2014.

818. Blythe Bernhard, TeenScreen mental health program for high schools closes down, St. Louis Post-Dispatch, December 13, 2012, http://www.stltoday.com/lifestyles/health-med-fit/health/teenscreen-mental-health-program-for-high-schools-closes-down/article_c2386578-940d-59b8-8cc2-cb490ae9821c.html, viewed 6/26/2014.

819. Facts and Figures, Suicide Deaths, American Foundation for Suicide Prevention, http://www.afsp.org/understanding-suicide/facts-and-figures, viewed 5/1/2014.

increased 28.4 percent by 2010 over what it had been in 1999. The method most used in that age group was suffocation (hanging), followed by poisoning and then by firearms.[820]

In 2012, the *Denver Post* investigated the use of antipsychotic drugs within the foster care system and discovered that health care workers prescribed sometimes more than one "potent mood-altering drugs," twelve times higher than that of other children in Colorado's Medicaid system. As early as 2007, Colorado officials were aware of the dispensing of psychotropic drugs, including antipsychotics and antidepressants, but waited over five years to address the issue. These high dosages for the poor and foster children were deliberate. According to court documents, drug companies monitored the "prescribing habits of doctors in the Medicaid program, which pays the health care of the poor, including foster children."[821]

In Colorado, those doctors prescribe nine of the top ten psychotropics for foster children in the Medicaid program. For non-foster children in the Medicaid program, doctors prescribe only one psychotropic out of the top ten. In 2008, the Congressional Budget Office found that pharmaceutical companies spent almost $800 million on sales representatives who called on health care professionals for the purpose of marketing antipsychotics and antidepressants.[822] In 2008, costs for DTC advertising amounted to $4.7 billion, about a quarter of the pharmaceutical manufacturers' expenditures for all promotional activities.[823]

ProPublica maintains a comprehensive database, Dollars for Docs, containing the amount of money, approximately $2.5 billion that just fifteen pharmaceutical companies have paid to doctors, institutions, and

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820. Centers for Disease Control and Prevention, Suicide among Adults Aged 35–64 Years — United States, 1999–2010, Weekly, May 3, 2013 / 62(17); 321-325, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6217a1.htm?s_cid=mm6217a1_w; viewed 5/10/2014.

821 Christopher N. Osher and Jennifer Brown, Drug Firms Have Used Dangerous Tactics to Drive Sales to Treat Kids, The Denver Post, April 14, 2014, http://www.denverpost.com/investigations/ci_25561024/drug-firms-have-used-dangerous-tactics-drive-sales, viewed 4/16/2014.

822. Ibid.

823. Promotional Spending for Prescription Drugs, http://www.cbo.gov/sites/default/files/cbofiles/ftpdocs/105xx/doc10522/12-02-drugpromo_brief.pdf, viewed 5/10/2014.

other health care provider companies from 2009 to 2012. While these fifteen firms have disclosed these figures, it may not represent what other pharmaceutical firms have done or they have simply not reported such payments. Patients may search the ProPublica database to determine if their physician or medical center receives money, which is often presented to doctors who prescribe their products. Those fifteen companies' combined drug sales account for approximately 43 percent of the US market in 2012.[824]

Of the fifteen companies, not all of them reported payments in every quarter over that time period. Those individuals who compiled all the data designed the search parameters to only show payments over $250. In order to view all the payments, including those under $250, uncheck the selection at the top right side of the results. The database does not include speaker's fees that the pharmaceutical companies manage independently. If one totals the amounts paid to recipients in each state, it will jibe with the figures of the fifteen companies on the left. It appears that California tops the list as the state whose doctors accepted the most money.[825]

In 2013, doctors prescribed psychiatric drugs for at least 8,389,034 American children.[826] These drugs can cause violence and suicide. In conjunction with drugs, our daily headlines are filled with reports of murder and mayhem while television and Hollywood "entertainment" is rife with violent visual images of the worst kind. The addition of violent video games makes for a highly desensitized culture. It is inevitable that given the number of people who are on psychiatric drugs, many of which cause suicide ideation, violence and homicide that the United States is going to experience an epidemic of violence. When we think of violence, we frequently forget to include violence against oneself—all the suicides.

There is no checklist and "no magic bullet medication that can target your depression and cure it for you." Dr. Peter R. Breggin states, "Impairing our emotional awareness and our intellectual acuity with psychoactive drugs such as the SSRI antidepressants tends to impede the

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824. Charles Ornstein, Tracy Weber and Dan Nguyen, About the Dollars for Docs Data, ProPublica, Journalism in the Public Interest, March 2014, http://www.propublica.org/article/about-our-pharma-data, viewed 8/7/2014.

825. Ibid.

826. Number of Children & Adolescents Taking Psychiatric Drugs in the U.S., http://www.cchrint.org/psychiatric-drugs/children-on-psychiatric-drugs, viewed 4/30/2014.

process of overcoming depression." Although millions of people, for years, have used a psychiatric drug, it is not a guarantee that it is either effective or safe.[827] An individual may experience the following after taking a methamphetamine (antidepressant) for the very first time: (1) you might feel happy and as high as a kite and are very talkative; (2) you might become very argumentative, even with people that you love and care about; (3) you may become so enraged that you want to harm someone, even someone that you love; (4) the next day you feel so depressed, you feel that you have nothing to live for.[828]

827. Peter Breggin, The Antidepressant Fact Book: What Your Doctor Won't Tell You About Prozac, Zoloft, Paxil, Celexa, And Luvox, Da Capo Press, Cambridge, Massachusetts, Kindle, 2009, Locations 452-453, 465-467, 502-503.

828. Alternative Practitioners Speak Out, Committee on Quackery Hides Psychotropic Drug Proliferation, http://www.cchr.org/sites/default/files/Committee on Quackery Hides Psychotropic Drug Proliferation.pdf, viewed 6/10/2014.

Kiddie Cocaine for the Rambunctious Child

Beginning in the 1930s, doctors used Benzedrine or Dexedrine to treat children. In 1944, Ciba synthesized the stimulant, methylphenidate (Ritalin). Later, Leon Eisenberg used Ritalin in a clinical trial involving children in order to evaluate its effect on hyperactivity. It seemed effective, and psychiatrists felt that it addressed the issue of "minimal brain dysfunction."[829]

Then in the 1950s, doctors prescribed those drugs for the new disorders, autism and minimal brain dysfunction (MBD) syndrome. However, one child in three became even more hyperactive while others experienced adverse reactions, such as heart palpitations and rapid heartbeat, escalated blood pressure, restlessness, insomnia, dizziness, tremor, headache, abdominal pains, and growth retardation. Amphetamines decrease the appetite, exhibited by anorexia, a common symptom of brain damage, while increasing autistic symptoms such as irritability and explosiveness, often making the autistic person "more psychotic and disorganized, even on very low doses." Even after discontinuing the drug, people experience "symptom rebound" and elements of the "hyperkinetic syndrome," including "heightened hyperactivity, irritability, easy tears, headaches" and other signs.[830]

Amphetamines are highly addictive, have long-term negative effects after their temporary use, and with continuing use, could cause suicide ideation, paranoid hallucinations phenomena, and have attacks of "episodic dyscontrol." Although people still use amphetamines for hyperactivity, some parents refused to use them to treat their children.

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829. David Healy, The Creation of Psychopharmacology, Harvard University Press, Cambridge, Massachusetts, Kindle, 2002, Locations 695–699.

830. Harris L. Coulter, Vaccination, Social Violence, and Criminality, the Medical Assault on the American Brain, North Atlantic Books, Berkeley, California, 1990, pp. 220–221.

Drug companies then created the stimulants Cylert (premoline) and Ritalin (methylphenidate HCl). Ritalin has been used since that time, which is no more effective in actually helping a child than the oft-abused amphetamines and can cause "psychotic episodes."[831]

Ritalin, approved by the FDA in 1961 to treat attention deficit disorders (previously known as minimal brain dysfunction) in children, is a schedule II drug and a powerful stimulant. Previously, doctors used this drug for depression, fatigue syndrome, and narcolepsy. It is structurally comparable to cocaine, is addictive, and may cause dangerous physical changes not only in the brain, but also in other parts of the body. Physicians in America now prescribe Ritalin for about six million people, 75 percent of them children, mostly boys.

The Single Convention on Narcotic Drugs of 1961 did not apply to the many newly discovered psychotropics but was limited to drugs with cannabis, coca, and opium-like effects. Considering the serious health damages, from LSD and similar hallucinogenic substances, new conventions were in order. Therefore, in 1971, officials convened the 1971 Psychotropic Drugs Convention, signed on February 21, 1971, to take effect on August 16, 1976. It prohibited "financial transfers to patient associations from a pharmaceutical company with the purpose to promote sales of a controlled substance, such as Ritalin, could be identified as hidden advertisement and in contradiction" of the 1971 Convention.[832]

By the early 1970s, between 500,000 and a million kids enrolled in public schools were receiving daily drugs for hyperactivity, and the number was increasing.[833] In 1980, the APA classified a new disorder that they added to the *DSM-III* as attention deficit hyperactivity disorder (ADHD). Thereafter, ADHD virtually became epidemic; and school officials, psychiatrists, and the APA promoted the "disease" and a Ritalin or similar drug treatment. Experts now classify Dexedrine and Ritalin as stimulants instead of antidepressants. After their introduction,

831. Ibid., pp. 220–221.

832. CCHR, False and Misleading "Advertising" by Psychiatric Groups, A Contributing Factor in Negligence and Harm?, January 29, 2004, http://www.cchr.org/sites/default/files/False_and_Misleading_Advertising_by_Psychiatric_Groups.pdf, viewed 4/10/2014.

833. Harris L. Coulter, Vaccination, Social Violence, and Criminality, the Medical Assault on the American Brain, North Atlantic Books, Berkeley, California, 1990, pp. 220–221.

doctors used Ritalin to treat nervous issues when patients complained of fatigue.[834]

Then in the early 1990s, the Department of Education mandated the states, saying, "Many of you have thought that ADHD was a thing you didn't have to worry about. But we've reviewed the evidence and the literature, we've listened to parents, we've listened to the scientists, we've held congressional hearings on this, and we're convinced that this disorder fits under special education law. And you can't say to a parent, 'It's not our problem.' It is your problem. And so, be on notice that that's our position."[835]

Not only were physicians prescribing Ritalin for young children but they were also prescribing SSRIs, such as Prozac, something that had been taboo until all the media hype and the APA's advocacy. Due to the drugs, children were then "acting violently and making schools ungovernable." While there was a small majority of children that might have benefitted from medication, the mass drugging of children created an apparently acceptable "cultural shift" as parents viewed the phenomenon as a normal progression.[836] Millions of parents allow or even encourage their children to take Ritalin, a drug that is very comparable to cocaine and its pharmacological profile. Ritalin, like Valium, can be addictive.[837]

Two federal laws apply to children diagnosed with ADHD: Section 504 of the Vocational Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act (IDEA), first passed in 1990. Despite federal law, the states and the various school boards may still decide how to handle the issue of working with ADHD students. Many of them wish to moderate the amount of psychostimulant drugs that are routinely prescribed to schoolchildren.

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834. David Healy, The Creation of Psychopharmacology, Harvard University Press, Cambridge, Massachusetts, Kindle, 2002, Locations 695–699.

835. Harvey Parker, The Ritalin Explosion, Front Line, 2001, Harvey Parker helped found CHADD, which demonstrates a particular bias, http://www.pbs.org/wgbh/pages/frontline/shows/medicating/experts/explosion.html, viewed 7/31/2014.

836. David Healy, The Creation of Psychopharmacology, Harvard University Press, Cambridge, Massachusetts, Kindle, 2002, Locations 3831–3834.

837. Ibid, Locations 1913–1917.

The schools receive money from the state and federal governments for each diagnosed child, which provides a "financial incentive." Parents receiving federal welfare assistance may obtain extra funds if they place a diagnosed child on drugs. Some parents, often single mothers, relent and allow the drugging of their children for the financial incentives.[838] The US President's Commission on Excellence in Special Education found that 40 percent of learning-disabled children (2.8 million) in special education programs had simply never been properly instructed on how to read. Students who are exceptionally smart are often placed on psych drugs because they are bored and act out. Bored people, especially boys, often fidget, squirm, and wiggle.[839] Charlotte Iserbyt has documented the deliberate dumbing down of the educational system in the United States.[840] An eight-grade test from 1895 demonstrates the reduction of real education as compared to what children now learn.[841]

Dr. John D. Griffith, assistant professor of psychiatry, Vanderbilt University, said, "I would like to point out that every drug, however, is a type of poison and its poisonous qualities must be carefully weighed against its therapeutic usefulness."[842] Dr. Robert S. Mendelsohn, a pediatrician, wrote, "All drugs are toxic and thus dangerous." He said that 90 percent of all prescriptions are unnecessary and a "costly risk" to anyone who takes them. He said that "excessive childhood use of prescription drugs" might encourage people to believe that there is "a pill for every ill," which may "lead the child to seek chemical solutions

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838 Death from Ritalin, The Truth Behind ADHD, National Alliance against Mandated Mental Health and
Screening and Psychiatric Drugging of Children, http://www.ritalindeath.com/, viewed 7/31/2014.

839 CCHR, Mental Health Care: What is the Alternative to Psychotropic Drugs? A Public Interest Report on Medical Alternatives to Psychiatry, January 2008, http://www.cchr.org/sites/default/files/What is the Alternative to Psychotropic Drugs White Paper.pdf, viewed 8/1/2014.

840. Charlotte Iserbyt, http://www.deliberatedumbingdown.com, viewed 10/22/2014.

841. 1895 Exam, http://www.snopes.com/language/document/1895exam.asp, viewed 10/22/2014.

842 Fred A. Baughman Jr. with Craig Hovey, The ADHD Fraud, How Psychiatry Makes "Patients" of Normal Children, Trafford Publishing, Victoria, British Columbia, 2006, pp. 221–222.

to emotional problems later in life." He states, "At least ninety-five percent of the ailments that children are prey to will heal themselves and do not require medical attention. Too often, the risk of careless or needless medical intervention is greater than the dangers of the illness itself." Pediatricians, as well as other physicians, have "received little or no education" regarding nutrition and pharmacology.[843]

Dr. Peter R. Breggin confirms this: "We abuse our children with drugs rather than make the effort to find better ways to meet their needs. In the end, we are giving our children a very bad lesson—that drugs are the answer to emotion problems. We are encouraging a generation of youngsters to grow up relying on psychiatric drugs rather than on themselves and other human resources." He said that children on Ritalin and other ADHD drugs assume that they are intellectually incapable of achieving academic excellence without drugs. Children also may feel that they are inadequate and cannot measure up to their parents' expectations.[844]

Dr. Larry B. Silver, a clinical professor of psychiatry at Georgetown,[845] wrote the sixteen-page *Attention Deficit Disorders: Booklet for the Classroom Teacher*, published on January 1, 1987, by the drug company Ciba (Chemical Industries Basel), the manufacturer of Ritalin. In the introduction, Silver writes, "As the classroom teacher, you can play a key role in helping children with ADHD and/or LD and their families. It is hoped that this booklet will aid you in understanding the many aspects of such a child and how you can help him or her in the classroom and with other school-related activities. This booklet is only a guide. The child's doctor and the professional staff of your school system will help you with specific planning."[846]

Teachers (deputy diagnosticians), school administrators, counselors, and psychologists frequently feel compelled to suggest drugs for

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843. Robert S. Mendelsohn, How to Raise a Healthy Child in Spite of your Doctor, Ballantine Books, New York, 1984, pp. 3–4.

844. Fred A. Baughman Jr. with Craig Hovey, The ADHD Fraud, How Psychiatry Makes "Patients" of Normal Children, Trafford Publishing, Victoria, British Columbia, 2006, pp. 5–8.

845. Larry Silver, M.D., ADDitude, Strategies and Support for ADHD and LD, http://www.additudemag.com/authorID/12.html, viewed 7/15/2014.

846. Larry B. Silver M.D., *Attention Deficit Disorders: Booklet for the Classroom Teacher*, Ciba, January 1, 1987, Introduction.

students who they claim may "have" ADHD, a completely devised "disease," because these students do not act as school officials desire. Busy prescribing doctors fail to read the documentation associated with Ritalin, as well as other drugs, so they are unaware of the side effects or are simply adhering to the Standard of Care.[847]

By 1990, doctors had prescribed Ritalin and other stimulants to about one million kids, who were possibly demonstrating a post-encephalitic syndrome, in order to keep these children sedate and manageable in the classroom.[848] Doctors regularly prescribe Ritalin and other amphetamine-like drugs for ADHD, which temporarily increases everyone's concentration, the reason for its popularity with students preparing for a test. These drugs do not improve or sustain "academic performance" indefinitely.[849] Between 1990 and 2000, according to the FDA, 186 individuals died as a result of Ritalin and all other types of the drug as reported to the post-marketing MedWatch program. Studies show that people only report about 1 to 10 percent of the adverse reactions that they experience. Thus, the death rate could actually be much higher for Ritalin. Other negative effects include 569 hospitalizations in which 36 were life-threatening and 949 central nervous system events, and 126 cardiovascular events, along with other very serious health issues.[850]

By 1996, the public had become alarmed over the addiction and abuse issues associated with Ritalin. For damage control, Ciba created a pamphlet, *For the Parent*, and distributed it, along with other PR handouts, to 110,000 doctors and 100,000 pharmacists, urging them to share the information with parents and school nurses. The pamphlet, warning against the abuse of Ritalin, referred to the three Rs: Respect yourself, respect others, and respect Ritalin. The pamphlet listed CHADD as a suggested resource. In 1996, Ciba-Geigy merged with

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847. Fred A. Baughman Jr. with Craig Hovey, The ADHD Fraud, How Psychiatry Makes "Patients" of Normal Children, Trafford Publishing, Victoria, British Columbia, 2006, pp. 13, 238.

848. Harris L. Coulter, Vaccination, Social Violence, and Criminality, the Medical Assault on the American Brain, North Atlantic Books, Berkeley, California, 1990, pp. 218–219.

849. Fred A. Baughman Jr. with Craig Hovey, The ADHD Fraud, How Psychiatry Makes "Patients" of Normal Children, Trafford Publishing, Victoria, British Columbia, 2006, pp. 5–8.

850. Ibid., pp. 5–8.

Sandoz to create Novartis.[851] Pharmaceutical firms, using "experts," spend millions of dollars promoting their products to the public. They manage and fund their own drug trials and finance "supposed advocacy groups," such as CHADD, NAMI, and NARSAD. There are twice as many lobbyists, with very deep pockets, working for Big Pharma in Washington than there are congressmen.[852]

CHADD (Children and Adults with Attention Deficit Hyperactivity Disorder) receives most of its funding from the pharmaceutical companies that manufacture the drugs designed for ADHD. Like-minded experts publish many items in CHADD's publications. Parents who belong to CHADD endorse the idea that their children have a "legitimate brain dysfunction" despite the fact that no one has ever scientifically proved that a disorder exists.

On December 10–12, 1996, the DEA held an ADD/ADHD conference. Gene R. Haislip, DEA deputy assistant administrator, addressed the issue of ADHD drugs. He confirmed that from 1990 to 1996, prescriptions for Ritalin increased by 500 percent and prescriptions for Dexedrine and Adderall for ADHD had increased by 400 percent. Between 7 and 10 percent of all boys in some schools take drugs for ADHD. In some school districts, physicians diagnosed at least 15 to 20 percent of the children with ADHD. Haislip said that this drugging of children in the schools constituted a "quick fix" and a "bogus medical practice which is nevertheless producing large profits." Pharmaceutical companies have over-promoted these drugs, and as a result, their profits have increased to about $450 million per year. Accordingly, drug-related deaths and injuries also increased exponentially. For children between the ages of ten and fourteen, there was a 1,000 percent increase in the rate of deaths and injuries.[853]

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851. Peter R. Breggin. *Talking Back to Ritalin: What Doctors Aren't Telling You about Stimulants and ADHD*, Perseus Publishing, Cambridge, Massachusetts, Kindle, 2001, Locations 1672–1678.

852. Fred A. Baughman Jr. with Craig Hovey, The ADHD Fraud, How Psychiatry Makes "Patients" of Normal Children, Trafford Publishing, Victoria, British Columbia, 2006, pp. 140–141.

853. DEA Report, ADD/ADHD Statement of Drug Enforcement Administration, December 10-12, 1996, San Antonio, http://www.add-adhd.org/ritalin.html, viewed 7/12/2014.

Haislip said, "Parents need to understand that we are talking about very potent, addictive and abusable substances; a potency that can help in the right situation but can destroy in the wrong situation. Above all, parents need to educate themselves and protect their children by adopting an attitude of proper parental caution. Regrettably, much of the literature and promotion of the drug in recent years has ignored or understated the potency and abuse potential of methylphenidate and Ritalin. This appears to have misled many physicians into prescribing the drug as a quick-fix for learning and behavior problems."[854]

In the 1990s, a consortium of lawyers waged war on the tobacco companies because of their devious advertising especially designed to appeal to children and adolescents whom they anticipated would be life-long customers of their addictive products. The industry provided "free" cigarettes to the U.S. military. "The marketing of stimulants to children is even more insidious and ultimately more shrewd and effective-than the marketing of cigarettes. The stimulants are disguised as 'medicines.' Their imposition on children is called 'treatment.' A 'disorder' (ADHD) has been manipulated to justify their use . . . stimulants can cause many different kinds of physical harm to children. Forcing diagnoses and drugs on children also assaults their self-confidence and esteem, making them feel (that they are) unable to take charge of their lives,"[855] as Dr. Breggin mentioned above.

On average, 10 percent of all high school students take prescription drugs for ADHD. There are between four to nine million students, mostly boys, who take Ritalin or similar dangerous stimulant drugs. These schedule II addictive drugs have the same side effects as cocaine or amphetamines.[856] In America, doctors are diagnosing about 19 percent of high school–age boys with ADHD and are prescribing drugs for about 10 percent. They are diagnosing 10 percent of high school–age girls

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854. Ibid.

855. Peter R. Breggin, *Talking Back to Ritalin: What Doctors Aren't Telling You about Stimulants and ADHD*, Perseus Publishing, Cambridge, Massachusetts, 2001, Kindle, Location, Foreword.

856. Schedule II Drugs, http://www.drugs.com/schedule-2-drugs.html, viewed 7/24/2014.

with ADHD.[857] Teens often share their prescription drugs, such as the stimulants Ritalin or Adderall, with others for nonmedical purposes but for study aids or performance enhancement. Some doctors are prescribing ADHD drugs at the request of the parents even if their child does not meet the criteria of the "disease."[858]

Research conducted at the University of Maryland by Dr. Julie Magno Zito revealed that the numbers of children, ages two to four, who were taking psychotropic drugs such as Ritalin, Prozac, Zoloft, and Paxil increased by 50 percent between 1991 and 1995. Over a quarter of a million pediatricians were prescribing Ritalin to children under the age of six because a lot of two-, three-, four-, and five-year-olds were diagnosed with ADHD. Apparently, they did not want to sit still and listen when someone spoke to them and having a short attention span or any of the other normal traits listed in the *DSM* as characteristic of ADHD, a new mental disease.[859]

In 1997, Dr. Martin H. Teicher and his colleagues suggested, "In the United States, low birth weight, fetal alcohol exposure, and prenatal or postnatal lead exposure may be more common etiological factors." The American Academy of Pediatrics describes some of the diseases that could alter brain function and produce numerous ADHD symptoms including "various traumatic, toxic, infectious, immune, hormonal and neoplastic (cancer) disorders." Additionally, many drugs can trigger ADHD-like symptoms such as stimulants—those that doctors prescribe to "correct" ADHD can generate hyperactivity, impulsivity, and inattention.[860]

Other products including OTC products can cause ADHD symptoms including asthma medications, ephedrine and pseudoephedrine, theophylline and antihistamines that people use

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857. Tom Gardner, 70 Million Americans are on mind-altering drugs: shock statistic which shows full extent of use of illegal and legal narcotics, Mail Online, February 10, 2014, http://www.dailymail.co.uk/news/article-2555950, viewed 7/14/2014.

858. Amanda Cuda, Paper: ADHD drugs not appropriate for healthy kids, CT Post, March 13, 2013, http://www.ctpost.com/local/article/Paper-ADHD-drugs-not-appropriate-for-healthy-kids-4352558.php, viewed 6/9/2013.

859. Colin Gunn; Joaquin Fernandez, *IndoctriNation*, Master Books, Green Forest, Arkansas, Kindle, 2012, Location 934–940.

860. Peter R. Breggin, Talking Back to Ritalin: What Doctors Aren't Telling You about Stimulants and ADHD, Kindle, Perseus Publishing, Cambridge, Massachusetts, Locations 2946–2954.

for colds, allergies, and sinus problems. Some of them, especially the antihistamines, contain mild stimulants that can cause ADHD-like symptoms. Sleep medications can impair alertness. Steroids like prednisone and some antibiotics, such as penicillin and second-generation cephalosporin antibiotics used to treat certain infections caused by bacteria such as pneumonia, ear, throat, and urinary tract infections, may cause mental abnormalities.[861] Many of the nasal sprays also contain thimerosal.[862]

On November 16–18, 1998, the NIH convened a Consensus Conference with thirty-one "experts" to discuss, using the Delphi Technique, the diagnosis and treatment of attention deficit hyperactivity disorder (ADHD). Rather than select scientists, health professionals, and objective individuals, the NIH first chose the panel chair, David J. Kupfer, a professor and chair of psychiatry at the University of Pittsburgh. The federal government had regularly dispensed funds to his department for research supporting ADHD diagnosis and drug treatment. Other presenters, many of whom supported ADHD diagnosis and stimulant drug treatment, who composed the thirteen-member Consensus Development Panel (CDP), in addition to Kupfer, included Dr. Donna M. Ferriero; Dr. Donald A. Berry; Dr. Naomi Breslau; Dr. Beatrix A. Hamburg; Dr. Jane McGlothlin; Dr. Lynn S. Fuchs; Dr. Robert S. Baltimore; Dr. Samuel B. Guze; Dr. Everett H. Ellinwood; Janis Ferre; Dr. Samuel M. Turner; and Dr. Mark Vonnegut.[863]

The statement at the beginning of the report said, "All of the panelists who participated in this conference and contributed to the writing of this consensus statement were identified as having no financial or scientific

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861. Ibid., Locations 2959–2962.

862. Mercury in Drug and Biologic Products, http://www.fda.gov/RegulatoryInformation/Legislation/FederalFoodDrugandCosmeticActFDCAct/SignificantAmendmentstotheFDCAct/FDAMA/ucm100218.htm, viewed 7/28/2014.

863. NIH Consensus Statement, Volume 16, Number 2 November 16–18, 1998, Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder (ADHD), National Institutes of Health Office of the Director, http://consensus.nih.gov/1998/1998AttentionDeficitHyperactivityDisorder110PDF.pdf, viewed 7/11/2014.

conflict of interest, and all signed conflict of interest forms attesting to this fact."[864]

Dr. Peter R. Breggin, not a member of the official NIH panel, presented evidence showing stimulant adverse effects, including "reduced spontaneity and increased obsessive-compulsive behavior." Doctors often misinterpret these effects as "improvements."[865] Despite various presenters who attempted to demonstrate a scientific basis for ADHD, the panel arrived at a consensus, saying, "We do not have an independent, valid (biological) test for ADHD" and concluded that "there are no data to indicate that ADHD is due to a brain malfunction." Additionally, the panel concluded, "Further research to establish the validity of the disorder continues to be a problem." The panel summarized, "In fact, it is unclear whether the signs of ADHD represent a bimodal distribution in the population or one end of a continuum of characteristics." The panel concluded, "Finally, after years of clinical research and experience with ADHD, our knowledge about the cause or causes of ADHD remains speculative."[866]

Yet doctors continue to prescribe dangerous drugs to children, many of whom experience adverse reactions. Adverse drug effects from continued high doses of psycho-stimulants, especially amphetamines "may cause central nervous system damage, cardiovascular damage, and hypertension." Doctors have prescribed higher doses for patients who exhibit compulsive behaviors and for individuals who experience

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864. Ibid.

865. Dr. Peter R. Breggin, NIH Consensus Report Highlights, Controversy Surrounding ADHD Diagnosis and Stimulant Treatment, *Ethical Human Sciences and Services, Vol.* 1, *No.1, 1999* http://breggin.com/index.php?option=com_docman&task=doc_download&gid=144&Itemid=37, viewed 7/11/2014.

866. NIH Consensus Statement, Volume 16, Number 2 November 16–18, 1998, Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder (ADHD), National Institutes of Health Office of the Director, http://consensus.nih.gov/1998/1998AttentionDeficitHyperactivityDisorder110PDF.pdf, viewed 7/11/2014.

movement disorders. A percentage of these children, as well as adults experience frightening hallucinations.[867]

WebMD says that doctors have used stimulant medications (or psychostimulants) to "successfully treat" ADHD, both moderate and severe symptoms, for many years in adults and children over the age of six, with the exception of Adderall, Dexedrine, and Dextrostat, which can be safely used in children as young as age three. The stimulants that doctors prescribe for ADHD include Adderall, Adderall XR, Concerta, Daytrana, Desoxyn, Dexedrine, Dexedrine Spansule Capsules, Dextrostat, Focalin, Focalin XR, Metadate CD, Metadate ER, Methylin, Methylin ER, Ritalin, Ritalin LA, Ritalin SR, and Vyvanse.[868]

Years ago, dieting adults and the FDA recognized the addictive, psychosis-producing side effects of Dexedrine. Yet rebranded as Adderall, psychiatrists are now prescribing it for ADHD. The drug caused dopaminergic neurotoxicity, or damage to dopamine neurons in animal studies. It increases alertness, concentration; decreases sense of fatigue; produces mood swings such as elation, often followed by mild depression; increases initiative, insomnia, or wakefulness, self-confidence, and sociability. It also produces anxiety, grandiosity, irritability, repetitive or obsessive behaviors, and restlessness. Richwood Pharmaceuticals introduced Adderall in 1996. By 1997, its sales were $19 million; and in 2000, sales were $200 million and $400 million in 2002, amounting to 40 percent of company sales. Lightning had struck twice, and this was just for medications aimed at a single disease. In view of that success, other companies, considering the new "diseases," could rebrand former drugs and charge higher prices, a very common practice, to cover even more "disorders" in addition to ADHD.[869]

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867. Dr. Peter R. Breggin, NIH Consensus Report Highlights, Controversy Surrounding ADHD Diagnosis and Stimulant Treatment, *Ethical Human Sciences and Services, Vol. 1, No.1, 1999* http://breggin.com/index.php?option=com_docman&task=doc_download&gid=144&Itemid=37, viewed 7/11/2014.

868. The Basics of ADHD, http://www.webmd.com/add-adhd/childhood-adhd/adhd-basics, viewed 7/18/2014.

869. Fred A. Baughman Jr. with Craig Hovey, The ADHD Fraud, How Psychiatry Makes "Patients" of Normal Children, Trafford Publishing, Victoria, British Columbia, 2006, pp. 165–171.

Between 1999 and 2006, there were fifty-one deaths in the United States of children and adults who had been diagnosed with ADHD and whose death was attributed to Ritalin. Experts conceded that there should be a warning label about the increased "risk of death from heart attacks." The British MHPRA reported that nine children had also perished while on Ritalin. The MHPRA did not divulge their names or ages due to privacy issues.[870]

On March 27, 2006, the Australian regulatory agency reported that children as young as five were suffering strokes, heart attacks, hallucinations, and convulsions after taking the stimulants. The FDA reported that children were experiencing other Ritalin-induced side effects including psychosis and hallucinations. Between January 2000 and June 30, 2005, the FDA received almost 1,000 reports of psychosis or mania. Adderall already has a black box warning for possible sudden death and cardiovascular events. Doctors should not prescribe any of these stimulant drugs for children or adolescents.[871]

The current PDR, consumer's edition, states, "Ritalin can cause serious heart related and mental problems, stroke and heart attacks in adults, and increased blood pressure and heart rate. It can also cause new or worsening behavior and thought problems, bipolar illness, and aggressive or hostile behavior . . . Call your doctor immediately if you or your child experiences chest pain, shortness of breath, fainting, or new mental problems while taking Ritalin."[872]

Taking Ritalin for long periods of time may lead to extreme emotional and physical dependence. Ritalin can cause serious heart-related and mental problems, stroke and heart attacks in adults,

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870. Sarah Boseley, Ritalin heart attacks warning urged after 51 deaths in US, The Guardian, February 10, 2006, http://www.theguardian.com/society/2006/feb/11/health.medicineandhealth, viewed 6/20/2014.

871. A Report by Citizens Commission on Human Rights, 2006, Psychiatry, the Pharmaceutical Industry and the FDA—A Destructive Alliance Endangering the Lives of Children, Facts About "Attention Deficit Hyperactivity Disorder" and Stimulant Use and Marketing, http://www.cchr.org/sites/default/files/Psychiatry the Pharmaceutical Industry and the FDA--a destructive alliance endangering the lives of children.pdf, viewed 3/10/2014.

872. PDR Staff, The PDR Pocket Guide to Prescription Drugs, Physicians' Desk Reference Pocket Guide to Prescription Drugs, PDR Network (Consumer), Montvale, New Jersey, Kindle, 2013, Locations 18031–18035.

and increased blood pressure and heart rate. It can also cause new or worsening behavior and thought problems, bipolar illness, and aggressive or hostile behavior. In addition, new symptoms (hearing voices, believing untrue things, or manic symptoms) can occur.[873]

Matthew Smith (1986–2000) was an active kid who liked to ride his bike and his skateboard and build forts. When he was in the first grade, the school social worker called his parents more than once about his "fidgeting" and also complained that he was "easily distracted." School officials claimed that Matthew had ADHD. The social worker told his parents that if they refused to medicate him, then they would have them "charged for neglecting his educational and emotional needs." They relented. Matthew died on March 21, 2000, while riding his skateboard. His father said, "If we hadn't been pressured by the school system, Matthew would still be alive today."[874]

Melody Petersen, in her book, describes the situation during which a medical examiner while performing an autopsy determined that Ritalin had caused the death of Matthew Smith despite pressure from the attending physician. Dr. Ljubisa Dragovic, the medical examiner in Oakland County, Michigan, conducted an autopsy on Matthew who collapsed while riding his skateboard. His doctor thought that the boy died from hitting his head. Dr. Dragovic's autopsy uncovered the fact that Matthew's heart had been "damaged by seven years of Ritalin use," which is what the doctor wrote on the death certificate, displeasing "several psychiatrists." After they asked him to alter his decision, he told Petersen, "I'm in the business of fact-finding, a death investigation is not a democratic process."[875]

Other children whose deaths were stimulant-induced after a diagnosis of ADHD include Shaina Dunkle (1991–2001); Stephanie Hall (1984–1996); Samuel Grossman (1973–1986); Cecil Reed (1984–2000);

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873. Ibid., Locations 18022–18035.

874. CCHR, The Silent Death of America's Children, Presented to the President's New Freedom Commission on Mental Health, Los Angeles, November 13, 2002, http://www.cchr.org/sites/default/files/The Silent Death of Americas Children.pdf, viewed 8/1/2014.

875. Melody Petersen, Our Daily Meds: How the Pharmaceutical Companies Transformed Themselves into Slick Marketing Machines and Hooked the Nation on Prescription Drugs, Farrar, Straus and Giroux, New York, Kindle, 2010, pp. 307–308.

Matthew Miller (1984–1997); and Raymond Perrone (1975–1985). A school nurse diagnosed Daniel Ehrlich (1970–1984) as "hyperactive" and placed him on a stimulant and a tranquilizer. His parents eliminated sugar from diet and saw improvement within two weeks. They withdrew Daniel from the drugs. Two months later, he hung himself. No one told Mr. Ehrlich that suicide is a major complication of withdrawal from such drugs.[876]

Psychiatrists concede that "suicide is the major complication" of withdrawal from amphetamine-like drugs used to treat ADHD. The 1995 DEA report regarding methylphenidate states, "The high percentage of attempted suicide is consistent with the high frequency of depression associated with stimulant abuse." There is a connection between suicidal ideation and antidepressant use. From 1988 to 1992, the FDA's Drug Adverse Reaction (ADR) reporting system revealed that ninety children and adolescents "suffered suicidal or violent self-destructive behavior while on one newer Selective Serotonin Reuptake Inhibitor antidepressant."[877]

In February 2006, an FDA advisory panel suggested that that the FDA issue a "black box" warning for stimulants used to treat ADHD could cause heart attacks, strokes, and sudden death. On March 22–23, 2006, the FDA convened hearings to investigate the risk of stimulants for the treatment of ADHD. Dr. Steven Nissen, a cardiologist, on the advisory committee, said that these stimulants were a "potential public health crisis." The FDA had officially received the details of approximately twenty-five deaths connected to the amphetamine-like drugs in addition to many incidents concerning serious health issues, like heart attacks. Between 1990 and 2000, 569 children required hospitalization, 38 with "life-threatening problems," all stimulant side effects. During that period, people reported 186 Ritalin-related deaths to the FDA's voluntary

876. CCHR, The Silent Death of America's Children, Presented to the President's New Freedom Commission on Mental Health, Los Angeles, November 13, 2002, http://www.cchr.org/sites/default/files/The_Silent_Death_of_Americas_Children.pdf, viewed 8/1/2014.

877. Ibid.

MedWatch program for adverse drug reactions. Typically, people only report 1 percent of such problems to MedWatch.[878]

Another situation in which death may occur is in restraint and seclusion (R&S). Researchers associated with the CCHR, investigating media, including the *Hartford Courant*, and legislative sources, discovered that "up to 150 restraint deaths occur each year in the United States" in the past ten years. Thirteen of these deaths, in 1998 and 1999, involved teenagers or children who were in the custody of a psychiatric care facility. Hospital staff straps patients to beds and chairs while other deaths happen when staff pin patients to the floor and the patient suffocates. The deaths are usually attributed to "natural causes" or "accidents." The staff at one facility strapped a six-year-old boy to a wheelchair where he died alone of asphyxiation. Although Congress passed legislation in late 1999 against such barbaric practices as restraint and isolation, at least another nine children and adolescents have perished. The youngest was a nine-year-old boy in March 1999 in North Carolina.[879] [880]

Without a comprehensive reporting system, there are probably many more "accidents" and "natural causes" rationalizations. Only fifteen states have a rudimentary systematic reporting apparatus.[881] In the mid-1800s, proponents of moral and humane treatment of psychiatric patients sought to eliminate the cruel practice of restraining patients. They enjoyed relative success in England and Europe, but American psychiatrists

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[878] A Report by Citizens Commission on Human Rights, 2006, Psychiatry, the Pharmaceutical Industry and the FDA—A Destructive Alliance Endangering the Lives of Children, Facts About "Attention Deficit Hyperactivity Disorder" and Stimulant Use and Marketing, http://www.cchr.org/sites/default/files/Psychiatry the Pharmaceutical Industry and the FDA--a destructive alliance endangering the lives of children.pdf, viewed 3/10/2014.

[879] CCHR, The Silent Death of America's Children, Presented to the President's New Freedom Commission on Mental Health, Los Angeles, 13 November, 2002, http://www.cchr.org/sites/default/files/The Silent Death of Americas Children.pdf, viewed 8/1/2014.

[880] United States General Accounting Office, Mental Health, Improper Restraint or Seclusion Use Places People at Risk, September 1999, p. 7, http://www.gao.gov/archive/1999/he99176.pdf, viewed 3/4/2014.

[881] United States General Accounting Office, Mental Health, Improper Restraint or Seclusion Use Places People at Risk, September 1999, p. 7, http://www.gao.gov/archive/1999/he99176.pdf, viewed 3/4/2014.

concluded that they could never abolish restraint and seclusion. I think one may also apply their general disregard for a patient's humanity to the torturous use of electroconvulsive therapy (ECT), used since 1938, without the use of sedatives or pain medication. At least, they have discontinued bloodletting.

Corporate media releases and TV news reports quickly discredit any natural supplement or herbal medicine that demonstrates efficacy. Then the FDA quickly bans the product, based on fabricated charges of harm by the user. This occurred with comfrey when the FDA discovered just one individual who died after using comfrey, despite the fact that the person suffered extensive medical problems that had nothing to do with his new use of comfrey tea. The FDA banned comfrey use based on one incident. Yet, there are hundreds of people, including children, who die every year from psychiatric and other FDA-approved drugs. The medical and pharmaceutical industries want to keep people on their drugs and do not want people to get better as "they will lose massive amounts of money."[882]

In January 2003, the International Narcotics Control Board (INCB) stated, "There is growing concern about the over-prescription of methylphenidate (Ritalin) in the United States, which may be the direct result of the direct-to-consumer advertising of that drug." Since DTC advertising, sales of prescription stimulants for children increased by 37 percent and, by January 2004, totaled over $1 billion.[883]

Besides those drugs that stimulate the nervous system (uppers), the phenothiazine derivatives, there are the depressants (downers); the neuroleptic drugs, such as the antipsychotic dopamine blockers in the chlorpromazine (Thorazine) or the trifluoperazines (Eskazinyl, Eskazine, Jatroneural, Modalina, Stelazine, Terfluzine, Trifluoperaz, Triftazin); antipsychotics of the phenothiazine chemical class and haloperidol (Haldol, Serenace); and others. Doctors prescribe Thorazine to treat

882. Jini Patel Thompson, Pharmaceuticals Battle Against Supplements, April 19, 2010, http://blog.listentoyourgut.com/pharmaceuticals-and-their-use-of-experts, viewed 9/6/2014.

883. CCHR, False and Misleading "Advertising" by Psychiatric Groups, A Contributing Factor in Negligence and Harm?, January 29, 2004, http://www.cchr.org/sites/default/files/False and Misleading Advertising by Psychiatric Groups.pdf, viewed 4/10/2014.

the manic phase of bipolar disorder, as well as amphetamine-induced psychoses. All of these drugs can cause dozens of extrapyramidal side effects such as akathisia, dystonia, and Parkinsonism, seizures, loss of appetite, and too many others to mention. The drugs are obviously more of a risk than the "disorder" they are supposed to treat.

No Child Left Undrugged

The Medicalized Child

The nation's citizens do not need more psych drugs. They do not need pervasive medical intervention from birth to death. The nation's children need more responsible parenting, more classroom productivity with unencumbered teachers, and less intrusive, in-your-face government programs that cave to the demands of a multitude of parasitical profit-seeking corporations.

Prozac hit the market in January 1988 with a lot of media fanfare. The pharmaceutical companies wanted to sell their psychotropic products to the untapped pediatric market. In the 1980s, doctors began prescribing stimulants to "hyperactive" children. In the early 1990s, psychiatrists started prescribing SSRIs to teenagers. In 1997, the *Wall Street Journal* said the SSRI drug makers viewed younger children as potential consumers and were designing palatable easy-to-swallow medications. Eli Lilly created "minty liquid" Prozac for young children. The *New York Times* reported that the adult market for SSRIs had become saturated and that the companies wanted to increase their markets. The *Wall Street Journal* reported that the American Academy of Child and Adolescent Psychiatry claimed that 5 percent of the nation's children had clinical depression, and when "inadequately treated," it could lead to "long-term emotional and behavioral problems, drug abuse, or even suicide."[884]

Between 1991 and 1996, the number of children and adolescents taking psychiatric drugs tripled. By 1996, 6 percent of the nation's children and teenagers were taking these medications, a third of which

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884. Robert Whitaker, *Anatomy of an Epidemic, Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, Broadway Books, New York, Kindle, 2010, pp. 318–320.

were antidepressants. The *DSM* made it acceptable to apply biological solutions to behavioral problems. Organized psychiatry promoted the idea that genetics and biochemistry influence behavior. The drug industry has been catering to American psychiatry with a drug solution for every conceivable behavioral characteristic as well as the disorders that the American Psychiatric Association has devised, such as chemical imbalances.[885]

Children and adolescents began experiencing manic episodes after taking prescription stimulants and antidepressants, which resulted in more patients who were suffering with "bipolar" symptoms. Janssen and Eli Lilly sought a way to market their antipsychotics to children. In 1996, Joseph Biederman and his associates invented new criteria for children who had been diagnosed with ADHD. Then they introduced the idea of juvenile bipolar disorder and claimed it occurred in children who demonstrated "severe irritability" and claimed that the "disease" was more common than anyone previously thought. He stated that it was evident in children as young as four or five years old. Parents, based on what they had read in the newspapers, rushed to purchase *The Bipolar Child* (2000) while psychiatrists began prescribing antipsychotics. Because antidepressants often caused a mania episode, doctors found it necessary to prescribe a second drug, an atypical antipsychotic to address the mania. Seeing a financial opportunity, Eli Lilly introduced Zyprexa, a mood stabilizer, in 1996 to counter the manic episodes that Prozac and other SSRIs generated.[886]

Timothy Wilens and Joseph Biederman conducted a review of eighty-two children who had received SSRIs and concluded that 22 percent of them experienced a serious adverse psychiatric event. Ten percent of the children had become psychotic and another 6 percent became manic. They wrote, "One of the most disturbing adverse outcomes is a worsening of emotional, cognitive or behavioral symptoms. These psychiatric adverse events to medication can be significantly impairing." In 1996,

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885 Rob Waters, a Suicide Side Effect? What parents aren't being told about their kids' antidepressants, San Francisco Chronicle, January 4, 2004, http://psychrights.org/Research/Digest/AntiDepressants/SuicideSideEffect.htm, viewed 8/8/2014.

886 Robert Whitaker, *Anatomy of an Epidemic, Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, Broadway Books, New York, Kindle, 2010, pp. 318–320.

Biederman and his colleagues at Massachusetts General Hospital said that 15 out of 140 children (11 percent) initially diagnosed with ADHD later developed bipolar symptoms within four years. Biederman suggested that "irritability" was sufficient evidence of bipolar illness without manic behavior. Officials in numerous states regularly diagnose angry foster children as bipolar. They ignore the fact that their anger might be situational and not due to some biological illness.[887]

Because of Joseph Biederman's creation of bipolar illness and the collaboration of various agencies, innocent children are conditioned as "lifelong consumers of psychiatric medications." By the end of March 2009, Eli Lilly gave $551,000 to NAMI and its local chapters; $465,000 to the National Mental Health Association; $130,000 to CHADD; and $69,250 to the American Foundation for Suicide Prevention. Eli Lilly donated $279,533 to the Antidote Education Company. The other drug makers donate similar amounts to patient advocacy groups and educational organizations.[888]

In its report *Trends in the Use of Antidepressants in a National Sample of Commercially Insured Pediatric Patients, 1998 to 2002*, Express Scripts Inc. stated that the "overall prevalence of antidepressant use among children increased from 160 per 10,000 (1.6 percent) in 1998 to 240 per 10,000 (2.4 percent) in 2003," with the largest increase among the youngest age group—five years old and younger.[889] From 1987 to 2000, Eli Lilly's success with their Prozac and later with Zyprexa resulted in Lilly employees collecting $3.1 billion from stock options in addition to salaries or bonuses.[890] In 1994, medical "professionals" wrote over 3,000 prescriptions for Prozac for children under the age of twelve months old. How could a doctor determine that an infant is depressed and needs Prozac?[891]

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887. Ibid., p. 232, 238, 242.

888. Ibid., pp. 325–328.

889. Kelly Patricia O'Meara *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill*, AuthorHouse, Bloomington, Indiana, Kindle, 2006, Locations 314–317.

890. David Healy, Pharmageddon, University of California Press, Berkeley, California, Kindle, 2012, p. 117

891. Colin Gunn; Joaquin Fernandez, *IndoctriNation*, Master Books, Green Forest, Arkansas, Kindle, 2012, Location 963–966.

Even during the clinical trials, when most individuals feel hopeful, a small number of children, teenagers, and young adults who took antidepressants, such as Prozac, thought about harming or killing him or herself. Young adults, children, and teenagers who take antidepressants for depression or other mental disorders are more likely to become suicidal than children, teenagers, and young adults who do not take antidepressants but who select non-biological approaches, such as talk therapy.[892]

On December 3, 2004, President George W. Bush signed the No Child Left Behind Act (NCLB), which revised the IDEA to align with the requirements of the NCLB, which allows federal financial incentives to states that improve their special education services. States that fail to abide by the stipulations of IDEA and NCLB must refund these incentives.[893] Bush suggested, via legislation, the drugging of 17 percent of the nation's fifty-two million children or else there would be "too many children left behind." He initiated a plan to screen all children for mental illness.[894] Connecticut is one of the few states that rebelled against Bush's No Child Left Behind because it "needlessly duplicated many of the state's own accountability measures, which the state had put in place long before Bush promoted the federal law."[895]

Newsweek published an article alleging that three million American adolescents suffered depression just before the UN-sponsored World Mental Health Day on October 10, 2002. The article claimed that kids, if treated with SSRIs, could avoid potential career failure, divorce, alcoholism, substance misuse, or suicide.[896] Dr. Julian Whitaker, director of California's Wellness Institute, offers this advice: "Folks, sometimes

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892 MedlinePlus, Fluoxetine, http://www.nlm.nih.gov/medlineplus/druginfo/meds/a689006.html, 7/24/2014.

893 Topic: Alignment with the No Child Left Behind Act, http://idea.ed.gov/explore/view/p/%2Croot%2Cdynamic%2CTopicalBrief%2C3%2C, viewed 6/24/2014.

894 Fred A. Baughman Jr. with Craig Hovey, The ADHD Fraud, How Psychiatry Makes "Patients" of Normal Children, Trafford Publishing, Victoria, British Columbia, 2006, pp. 220–221.

895. Michael Dobbs, Connecticut Stands in Defiance on Enforcing "No Child," Washington Post, May 8, 2005, http://www.washingtonpost.com/wp-dyn/content/article/2005/05/07/AR2005050700973.html, viewed 7/15/2014.

896. David Healy, *Pharmageddon*, University of California Press, Berkeley, Los Angeles, Kindle, 2012, p. 145.

feeling irritable, unable to sleep, etc., are hardly indicative of a serious mental malfunction. Feeling out of sorts from time to time is a normal part of being human. . . . Think back on your childhood. Remember your experiences. Now ask yourself, would you be better off today if five or six years of your childhood had been spent in a drugged-out state?"[897]

According to the FDA, doctors wrote about eleven million prescriptions for SSRIs for people under the age of eighteen in 2002.[898] On January 3, 2003, the FDR approved of Prozac for children ages seven to seventeen for major depressive disorder (MDD) and OCD, only a year before the FDA convened a hearing to evaluate the dangers of the very same drugs that were earlier reported as harmful for adolescents. The FDA made its announcement "after reviewing Lilly's research on the drug's safety. Lilly does not plan to promote the depression pill for children, the company said." However, doctors have been prescribing it and similar drugs for children despite the fact that these drugs were only approved for adults. The FDA "wanted to review safety issues for the drug, once the world's top-selling depression treatment with annual sales of more than $2 billion."[899] On August 22, 2003, the maker of Effexor issued a Dear Doctor letter warning about the increased risk of "hostility and suicide-related adverse events, such as suicidal ideation and self-harm" in children age six to seventeen.[900]

Dr. Jeffrey A. Schaler wrote, "Prozac, probably the best-known antidepressant on the market, has been prescribed for children for years despite never having been approved by the federal government. Placing

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897. Alternative Practitioners Speak Out, Committee on Quackery Hides Psychotropic Drug Proliferation, http://www.cchr.org/sites/default/files/Committee on Quackery Hides Psychotropic Drug Proliferation.pdf, viewed 6/10/2014.

898. Rob Waters, Alert on antidepressants for kids / Panel urges sterner FDA warnings on children's suicide risks, The Chronicle, February 3, 2004, http://www.sfgate.com/health/article/Alert-on-antidepressants-for-kids-Panel-urges-2802796.php, viewed 6/28/2014.

899. U.S. Approves Prozac for Treating Children, New York Times, January 4, 2003, http://www.nytimes.com/2003/01/04/business/us-approves-prozac-for-treating-children.html, viewed 6/28/2014.

900. Peter R. Breggin, International Journal of Risk & Safety in Medicine 16 (2003/2004) 31–49 31

IOS Press, Suicidality, violence and mania caused by selective serotonin reuptake inhibitors (SSRIs): A review and analysis, p. 31.

child-specific information on Prozac's FDA-mandated label means more doctors, not just psychiatrists and others specializing in the treatment of depression, may begin to prescribe the drug."[901]

On June 10, 2003, England's Department of Health advocated the discontinuance of Paxil (Seroxat in Europe) for children under eighteen because of the mounting incidents of self-inflicted harm by children taking the drug. On June 19, the FDA reviewed reports of the increased risk of suicidal ideation and suicide attempts by children under the age of eighteen who had been prescribed Paxil. The studies proved that placebo was as effective as Paxil, but without adverse side effects.[902]

In December 2003, British officials issued a warning to doctors to stop prescribing Paxil, Effexor, Zoloft, and three other antidepressants. This did not include Prozac, the only FDA-approved psych drug for children and adolescents.[903] Shaffer apparently attempted to counter the British government's conclusions about antidepressant drugs and their use by people under the age of eighteen due to suicidal ideation. The *New York Times*, on December 11, 2003, reported, "Dr. David Shaffer, a professor of psychiatry and pediatrics at Columbia University who sent a letter on the issue at Pfizer's request to the British drug agency, said he had concluded that there was insufficient data to restrict the use of the drugs in adolescents. 'The bottom line is that suicidal ideation and suicide attempts are very common in depressed kids.'"

Dr. Shaffer seems to have always been concerned about the "bottom line," his own and the drug companies and the dangerous products that he shills for. When advocating TeenScreen, he readily admits that "suicide is the third leading cause of death amongst children!" Like anyone who is promoting a pharmaceutical product, he attempts to appeal to parents, school administrators, and the media to help the children and to halt this

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901. FDA approves Prozac for children, National Psychologist, The Independent Newspaper for Practitioners VOL. 12, NO. 2 -- March/April 2003, http://www.schaler.net/inthenews/nationalpsych.html, viewed 6/28/2014.

902. Prozac/Paxil Facts, http://antidepressantsfacts.com/2003-08-Prozac-Paxil-Fluorophenyl.htm, viewed 8/19/2014.

903. Rob Waters, Alert on antidepressants for kids / Panel urges sterner FDA warnings on children's suicide risks, The Chronicle, February 3, 2004, http://www.sfgate.com/health/article/Alert-on-antidepressants-for-kids-Panel-urges-2802796.php, viewed 6/28/2014.

suicide epidemic. Before the advent of psych drugs, child suicide was very infrequent.

In 2002, researchers at Yale University said psychiatrists prescribe a psychotropic drug to nine out of ten children who visit them. This makes psychiatrists accomplices for the pharmaceutical companies in devising diseases for profit. Neither entity considers the child.[904] Joanna Moncrieff confirms this in her book according to a 2007 study. She states that outside of the psychiatric hospital environment, psychiatrists or "psychiatric services" will prescribe medication for more than 90 percent of the people who visit them.[905]

In 2003, after the British Committee on Safety of Medicines (CSM) prohibited the use of the leading antidepressants for children under eighteen, the FDA reevaluated the trial data of seven commonly prescribed psychotropic drugs. The FDA then stated, "The risk of treating depressive illness in under 18-year-olds with certain SSRIs outweigh the benefits of treatment." Millions of Americans taking antidepressants did not know about the earlier 1991 hearings. After Britain's ban on certain drugs, the FDA's Psychopharmacologic Drugs Advisory Committee (PDAC) and the Pediatric Subcommittee of the Anti-Infective Drugs Advisory Committee decided to conduct a hearing in Washington DC to address the reports of suicide and suicide attempts in the clinical trials. After thirteen years of silence, concealment, and rejecting the idea of warning the public about adverse reactions to SSRIs, they apparently reconsidered.[906]

On February 2, 2004, in in Bethesda, Maryland, the FDA conducted a one-day public hearing to evaluate the reports of possible suicides in clinical trials for antidepressant drugs in kids. Dr. Matthew Rudorfer of the NIMH and chair for the panel discussion said, "The warnings as they exist in the current labeling are not adequate or are not being

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904. Fred A. Baughman Jr. with Craig Hovey, The ADHD Fraud, How Psychiatry Makes "Patients" of Normal Children, Trafford Publishing, Victoria, British Columbia, 2006, pp. 20–21.

905. Joanna Moncrieff, The Myth of the Chemical Cure: A Critique of Psychiatric Drug Treatment, Palgrave Macmillan, Revised edition, London, (October 13, 2009), p. 2.

906. Kelly Patricia O'Meara *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill*, AuthorHouse, Bloomington, Indiana, Kindle, 2006, Locations 225–230, 241–245.

taken seriously." Parents described how their children took their own lives after being prescribed SSRI antidepressants, including Paxil and Zoloft. Seven months before, reports of suicidal behavior by children and adolescents participating in the clinical trials of Paxil were leaked to the press.[907] During the hearing, Dr. Peter R. Breggin presented information to the FDA during its hearing. He said, referring to SSRIs, "These drugs should not be given to children and young people." Further, he said, "Professionals and parents alike should reject the idea of subjecting any child to SSRIs."[908]

"The SSRIs," Breggin said, "produce a continuum of stimulation that includes (1) manic-like reactions, (2) agitated depression, (3) obsessive preoccupations, and (4) akathisia. The result can be disinhibition, suicide and violence. Clinical trials with youngsters show a four percent rate of mania in on fluvoxamine and a six percent rate on fluoxetine. In clinical practice, the rates are much higher: An outpatient study of youngsters on Prozac found that twenty-three percent suffered manic-like symptoms and nineteen percent became more hostile. Another found that fifty percent developed aggression, agitation, and manic-like symptoms. Another found that fourteen percent became aggressive and even violent . . . It's time to protect our children."[909]

It was thought that the FDA would present some information about the increased suicide risk, but apparently, there was a schism at the FDA with some officials thinking that the drugs "seem to increase the risk of suicidal behaviors among children" but other officials evidently decided to take the subject off of the agenda because some agency officials thought it was incomplete, saying they needed "more qualitative data." Researchers at Columbia University, in their examination of clinical trials, discovered evidence of "suicidal behavior among children taking antidepressants." Additionally, they noted other adverse side effects such as agitation, anxiety, and hostility. Dr. Thomas P. Laughren, an FDA

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907. Rob Waters, Alert on antidepressants for kids / Panel urges sterner FDA warnings on children's suicide risks, The Chronicle, February 3, 2004, http://www.sfgate.com/health/article/Alert-on-antidepressants-for-kids-Panel-urges-2802796.php, viewed 6/28/2014.

908. Peter R. Breggin, M.D., Address to the FDA Panel on February 2, 2004, http://breggin.com/index.php?option=com_docman&task=doc_download&gid=9&Itemid=37, viewed 7/10/2014.

909. Ibid.

reviewer, said that there were no completed suicides. However, there were 109 patients that had "one or more possibly suicide-related behaviors or attempts." These included self-cutting, possibly caused by and may be caused by an antidepressant side effect known as akathisia that manifests itself in extreme agitation and restlessness.[910]

On March 22, 2004, the FDA published a public health advisory that reiterates several of these side effects and states (in part), "Anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia (severe restlessness), hypomania, and mania have been reported in adult and pediatric patients being treated with antidepressants for major depressive disorder as well as for other indications, both psychiatric and non-psychiatric."

Based on the information obtained during the FDA's formal hearing on September 9, 2004, along with "what many members of the public have told us" and its conclusions founded on the "latest and best science," the FDA issued a public health advisory warning people about the possible adverse effects of antidepressants on adolescents.[911] The FDA scheduled a two-day hearing for September 13–14 at the Holiday Inn in Bethesda that included a review of the Columbia University report on children and SSRIs. According to Dr. Andrew Mosholder, a medical reviewer for the FDA, this report disclosed "a statistically significant association of suicidal events with antidepressant drug treatment in short-term pediatric clinical trials for all indications."[912]

On September 14, 2004, the FDA added a black box warning in regard to antidepressants and suicidality in those under the age of eighteen. At that time, the FDA mandated that pharmacies provide

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910. Rob Waters, Alert on antidepressants for kids / Panel urges sterner FDA warnings on children's suicide risks, The Chronicle, February 3, 2004, http://www.sfgate.com/health/article/Alert-on-antidepressants-for-kids-Panel-urges-2802796.php, viewed 6/28/2014.

911. Kelly Patricia O'Meara *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill*, AuthorHouse, Bloomington, Indiana, Kindle, 2006, Locations 351–366.

912. Food and Drug Administration (FDA), Center for Drug Evaluation and Research (CDER), Joint Meeting of the CDER Psychopharmacologic Drugs Advisory Committee, and the FDA Pediatric Advisory Committee, September 13–14, 2004, Holiday Inn, 8120 Wisconsin Avenue, Bethesda, Maryland, http://www.fda.gov/ohrms/dockets/ac/04/agenda/2004-4065A1_Final.htm, viewed 6/28/2014.

to all parents or guardians for those younger than eighteen the *Antidepressant Patient Medication Guide*. This guide stated, "Call healthcare provider right away if you or your family member has any of the following symptoms: Acting aggressive, being angry or violent and acting on dangerous impulses." That guide also warned, "Never stop an antidepressant medicine without first talking to a healthcare provider. Stopping an antidepressant medicine suddenly can cause other symptoms."

On October 15, 2004, the FDA committee "requested" the drug manufacturers to include a black box warning on the prescription label and in the instructions to the health professional. All antidepressant labeling had to "describe the risk and emphasize the need for close monitoring of patients started on these medications." The FDA public health advisory explained that certain SSRI drugs had to identify the dangers to children and adolescents with MDD, OCD, or other psychiatric disorders.[913]

The FDA panel that met in 2004 admitted an "increased risk of suicidal thoughts and behavior in children and adolescents being treated with antidepressant medications" and recommended "asking manufacturers to change the labels of ten drugs to include stronger cautions and warnings about the need to monitor patients for the worsening of depression and the emergence of suicidal ideation, regardless of the cause of such worsening." The FDA recommended issuing a warning for Prozac, Zoloft, Paxil, Luvox, Celexa, Lexapro, Wellbutrin, Effexor, Serzone, and Remeron, along with twenty-four other antidepressants.[914]

In February and in July 2004, just before two other hearings in 2004, the American College of Neuropsychopharmacology (ACNP) issued a statement claiming that SSRIs are risk-free. The *American Journal of Psychiatry*, just before the 2006 FDA hearings on adult suicides who had taken antidepressants, published several articles intimating that the warnings on the SSRIs actually increased the suicide rate and to add further warnings regarding adults would be inadvisable. There have been

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913. Kelly Patricia O'Meara *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill*, AuthorHouse, Bloomington, Indiana, Kindle, 2006, Locations 351–366.

914. Ibid., Locations 298–307.

four hearings evaluating the connection between SSRIs and suicide: one in 1991, two in 2004 involving children, and one in 2006 involving adults.[915]

The FDA discovered that the antidepressants are not safe or effective for an "unknown percentage of the adolescent population." It puts many adolescents at risk for suicide. Given the clinical evidence of taking antidepressants, the FDA had to "request" the pharmaceutical companies to add the black box warnings. However, the FDA, under pressure from the pharmaceutical industry, watered down the initial version of the warning, which adequately described the potential suicidality in children and adolescents.[916]

Mark Taylor, a Columbine victim, testified at the February 2004 hearing: "How are we supposed to feel safe at school, at home, on the street, at church or elsewhere if we cannot trust the FDA to do what we are paying you to do? Where were you when I got shot? You say that these antidepressants are effective. So, why did they not help Eric Harris? These drugs help increase the rage in people and cause them to do things they would not do anyway. So why didn't these so-called antidepressants not make him better? I will tell you why. It is because they don't work. We should consider antidepressants to be accomplices to the murder."[917] Perhaps because Taylor was asking too many questions and knew that it was the drugs that provoked the Columbine shootings, the psychiatric community forcibly hospitalized and "treated" him with psychiatric drugs in 2006 in Colorado Springs.[918] Thirteen people were killed at Columbine.[919]

Three weeks after Columbine, President Bill Clinton convened a conference at the White House to address teen violence. He invited parents, young people, teachers, religious leaders, government officials,

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915. David Healy, *Pharmageddon*, University of California Press, Berkeley, Los Angeles, Kindle, 2012, pp. 120, 127.

916. Kelly Patricia O'Meara *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill*, AuthorHouse, Bloomington, Indiana, Kindle, 2006, Locations 386–398.

917. Ibid., Locations 331–335.

918. Columbine-Mark-Donna-Taylor-2008, YouTube video, https://www.youtube.com/watch?v=vP4rW6PzmtI&feature=player_embedded, viewed 6/28/2014.

919. Columbine, https://www.youtube.com/watch?v=WXKKtFfKSBI, viewed 6/28/2014.

law enforcement, gun makers, and people from the entertainment industry to participate. Clinton did not invite anyone from the mental health community or anyone who might make the connection between school violence and psychotropic drugs such as Ritalin, Luvox, and Prozac. The perpetrators at Columbine shared a commonality with individuals who had committed murder and/or suicide before the Columbine shootings. Most, if not all, were taking psychiatric drugs. Their doctors all claimed that they had a "mental illness"and were all being treated with psych drugs, known for their adverse effects on children.[920]

In 2004, an FDA official in the Office of Drug Safety division who was evaluating antidepressants in the pediatric population looked at clinical trials for different antidepressants and concluded that suicidality among the kids who received antidepressants was almost double than among children who received a placebo. Dr. Mosholder, of the FDA's Office of Drug Safety, evaluated twenty-four studies with 4,582 participants, taking one of nine different antidepressants. These studies indicated that the drugs almost doubled the suicide risk among children and young adults. Someone leaked his finding to the press. The FDA is supposedly the guardian of public safety, yet it withheld the information.[921]

Dr. Mosholder raised his concern with Dr. Laughren who had suppressed the release of the troubling results and issued the approval for these antidepressants. The FDA opted to have Columbia University reclassify the information so that FDA's Office of New Drugs could reevaluate the data and then represent it to another advisory committee. However, the Alliance for Human Research Protection acquired and revealed Dr. Mosholder's report.[922] In September, 2004, Congress held a hearing during which it learned that Laughren had failed to include

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920 Kelly Patricia O'Meara, Guns & Doses—Drugging Kids, *Washington Times, Insight Magazine*, Vol. 15, No. 24—June 28, 1999, http://www.cchrint.org/psychiatric-drugs/drug_warnings_on_violence/guns-doses-drugging-kids, viewed 5/3/2014.

921 Barry Groves, *Trick and Treat: How "Health Eating" Is Making Us Ill*, Hammersmith Books Limited, London, Kindle, 2008, Locations 8518–8529.

922 Jeanne Lenzer, Secret US report surfaces on antidepressants in children, British Medical Journal, August 5, 2004, http://www.bmj.com/content/329/7461/307.1, viewed 6/28/2014.

Dr. Mosholder's conclusion about the suicide risk to the FDA advisory committee.

On June 26, 2006, chiropractor Dr. Darrel Crain wrote *Profits in the Schoolyard: Apples, Pears & Soda Pop* about the mass screening and drugging of America's schoolchildren. He wrote, "American corporations have been hard at work . . . pursuing new ways to penetrate . . . the schoolyards of America, attempting to exploit that juicy, enticing market . . . millions of children held captive inside, all of them just dying to buy something." In addition to the food corporations, "The drug companies have figured out how to infiltrate the nation's public school system and thereby generate millions of new cases of psychiatric drug dependency."[923] On December 13, 2006, they updated the black box warning for suicidality to include those under the age of twenty-five. They also included the warning in the insert to the drugs and in the Physician's Desk reference.

Almost since its inception, the FDA favors corporations over the population, especially applicable to the drug industry. Finally, the FDA decided to require drug manufacturers to evaluate the potential increased suicidality in its clinical trials for pediatric patients who were now using certain antidepressants as a result of a the Columbia University analysis. In early January 2008, Dr. Laughren, director of the FDA Division of Psychiatric Products, said, "Clearly we were somewhat surprised when this signal emerged in the pediatric antidepressant data."[924]

On June 10, 2009, Laughren issued a written statement regarding the FDA's views of the clinical trials conducted by AstraZeneca, Pfizer, and Eli Lilly that indicated the effectiveness in children of three FDA-approved medications—Seroquel, Geodon, and Zyprexa. Laughren indicated that the risks of the drugs were comparable to those for adults. At the time, the annual antipsychotic drug sales in the United States were $14.6 billion and were sure to increase with FDA approval for children, ten to seventeen years old, who suffer from schizophrenia and manic depression.

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923. Darrel Crain, Chiropractor, Profits in the schoolyard: Apples, Pears & Soda Pop, Planet Chiropractor, http://www.planetc1.com/search/profits-in-the-schoolyard-apples-pears-and-soda-pop.html, viewed 6/20/2014.

924. Gardiner Harris, FDA Requiring Suicide Studies in Drug Trials, The New York Times, January 24, 2008, http://www.nytimes.com/2008/01/24/washington/24fda.html?_r=0, viewed 5/8/2014.

The drugs Risperdal and Abilify are already approved for children.[925] The APA and the American Academy of Child and Adolescent Psychiatry sought FDA approval so that physicians may have more flexibility in their treatment options. Children, less likely to resist medication and less capable of describing how terrible the drugs make them feel, are a very vulnerable group of consumers for psyche drugs.

According to IMS Health's Vector One: National and Total Patient Tracker Database for 2013, these are the figures for just zero- to one-year-olds being prescribed psychiatric drugs:

- 249,669 zero- to one-year-olds are on antianxiety drugs (such as Xanax, Klonopin, and Ativan).
- 26,406 zero- to one-year-olds are on antidepressants (such as Prozac, Zoloft, and Paxil).

There are 1,422 infants up to the age of twelve months who are taking ADHD drugs (such as Ritalin, Adderall, and Concerta).

- There are 654 up to the age of twelve months who are taking antipsychotics (such as Risperdal, Seroquel, and Zyprexa). The CDC issued a report on the 10,000 two- to three-year-olds being prescribed ADHD drugs.

The number of toddlers on antianxiety and antidepressants are staggering in comparison:

- 318,997 two- to three-year-olds are on antianxiety drugs.
- 46,102 two- to three-year-olds are on antidepressants.
- 3,760 two- to three-year-olds are taking antipsychotics.

925. Shankar Vedantam, "FDA Is Urged to Approve Three Antipsychotic Drugs for Adolescent Use," *Washington Post*, Thursday, June 11, 2009, http://www.washingtonpost.com/wp-dyn/content/article/2009/06/10/AR2009061003826.html?hpid=sec-health, viewed 5/8/2014.

In the other age groups, the numbers start in the millions with zero- to five-year-olds:

- The total number of zero- to five-year-olds currently prescribed psychiatric drugs is 1,080,168.
- The number of six- to twelve-year-olds on psychiatric drugs is 4,130,340.
- The number of thirteen- to seventeen-year-olds taking psychiatric drugs is 3,617,593. [926]

In 2001, the United States spent $85 billion just on mental health care. In 2008, that sales figure had increased to $170 billion. By 2015, experts expect that this spending will increase to $280 billion. The taxpayer, through Medicaid and Medicare, pays almost 60 percent of the nation's costs for mental health care.[927]

However, there are those who wish to avoid this heavy tax burden, enhanced by the Positive Aging Act of 2005, which heavily financially benefits the pharmaceutical industry. On February 25, 2014, Saul M. Levin, CEO of the APA, "representing approximately 35,000 psychiatric physicians and their patients and families," wrote to four representatives, questioning the "recent proposed rulemaking from the Center for Medicare and Medicaid Services (CMS)" regarding the Medicare Part D program whose proposed rule would be a "potential impact on the well-being of Americans who suffer from mental illness that will be created by limiting Medicare patients' access to medically necessary pharmaceutical treatments."[928] Representative Tim Murphy, the House Energy & Commerce Oversight Subcommittee chairman and also a

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926. Kelly Patricia O'Meara, Watchdog Says Report of 10,000 Toddlers on ADHD Drugs Tip of the Iceberg—274,000 0-1 Year Olds and 370,000 Toddlers Prescribed Psychiatric Drugs, May 21, 2014, http://www.cchrint.org/2014/05/21/10000-toddlers-on-adhd-drugs-tip-of-the-iceberg/, viewed 7/24/2014.

927. Robert Whitaker, *Anatomy of an Epidemic, Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, Broadway Books, New York, Kindle, 2010, pp. 325–328.

928. February 25, 2014, http://www.psychiatry.org/File%20Library/Advocacy%20and%20Newsroom/APA%20on%20the%20Issues/02-25-2014-APA-letter-Energy-Commerce-Protected-Classes.pdf, viewed 5/21/2014.

clinical psychologist, immediately held a hearing during which he referred to the APA letter and grilled CMS deputy administrator Jonathan Blum, asking him to withdraw the CMS proposal.[929]

On December 16, 2013, nine days before the release of the official report on the Sandy Hook shooting, on the *PBS New Hour*, Dr. Jeffrey A. Lieberman, president of the APA's board of trustees (2013–2014), regarding Murphy claimed that "our treatment of mental illness has not gotten any better and over half of the mass killings that have occurred in the last five years has been from untreated people with mental illness." Lieberman praised Murphy for his "historic legislation on the anniversary of the Newtown tragedy to reform how mental health services are delivered. We need comprehensive and proactive mental health care services and with a particular focus on youth because youth is really the breeding ground for mental illness."[930]

On March 7, 2014, Levin wrote a twenty-four-page letter to Marilyn Tavenner, CMS administrator, referring to the recent House hearing during which CMS proposed a rule that would remove antidepressants and antipsychotics from Part D prescription drug benefits. He cited the "current protection for antidepressants and antipsychotics, which requires that all plans provide coverage." He said it would "limit clinically appropriate access." To continue the current policy "ensures a level playing field for the plans and the beneficiaries; and is reason enough to continue the protection of these drug categories."[931]

At the end of 2013, the CMS spent almost $29 million to cover Medicare Part D prescription drugs for 4,139 individuals who were illegally in the United States and were ineligible to receive these federal health care benefits. Daniel Levinson, the inspector general of the DHHS, discovered in an audit that during the calendar years 2009

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929. Rep. Murphy Interrogates CMS on Medicare Part D Drug Rule, https://www.youtube.com/watch?v=y3VfJayO_pg&list=UUmMrDji88FxLeqgin2ehA9A&feature=c4-overview, viewed 5/21/2014.

930. APA's Dr. Jeffrey Lieberman Praises Murphy Mental Health Reforms, https://www.youtube.com/watch?v=RFjBxTNxYEs&index=21&list=UUmMrDji88FxLeqgin2ehA9A, viewed 5/21/2014.

931. March 7, 2014, Marilyn Tavenner, Administrator, Centers for Medicare & Medicaid Services, Department of Health & Human Services, Attn: CMS-4159-P, P.O. Box 8013, Baltimore, Maryland 21244-8013, File No. CMS-4159-P.

through 2011, CMS "inappropriately accepted 279,056 prescription drug event (PDE) records with unallowable gross drug costs totaling $28,990,718." Medicare Part D expenditures for the same period totaled $227 billion. Levinson's audit noted, "In 2003, CMS issued a Program Memorandum that set forth the following payment policy: 'Make no payments for Medicare services furnished to an alien beneficiary who is not lawfully present in the United States.'"[932]

In 2014, about 60,000 unaccompanied children came to the United States from Central America via the Rio Grande. They turned themselves into the border patrol, relying on the belief that the United States would accommodate children who were illegal immigrants. In June, the Department of Justice reported that it would provide lawyers and paralegals for the children who are without parents or relatives. Accordingly, the federal government will issue $2 million in grants to assist the illegal minors. Eric Holder stated that the justice system would "protect the rights of the most vulnerable members of society."

Government officials used the provisions of the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008, which gives protection to unaccompanied children from certain countries in order to deport the large number of children from Central America. Obama, because of the expense of such an operation, asked for an emergency appropriation of $4 billion, which resulted in discussions between the Department of Justice and Congress on how to revise the law to handle the children under that 2008 act. In July, the DOJ proposed moving the cases involving the children and the children with families to the head of the docket in the immigration court. Given the trauma of immigration and the way the courts operate in conjunction with the drug industry and the way that they apparently view America's "vulnerable" children, it would not be presumptuous to suggest that the court might order mental health services for those thousands of children, another vulnerable group at the mercy of the pharmaceutical industry.

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[932] Barbara Hollingsworth, Feds Spent $29 Million on Prescription Drugs for 4,139 Illegal Aliens, CNS News, November 5, 2013, http://cnsnews.com/news/article/barbara-hollingsworth/feds-spent-29-million-prescription-drugs-4139-illegal-aliens, see also http://cnsnews.com/sites/default/files/documents/Medicare%20prescription%20drugs.pdf, viewed 8/10/2014.

At the Corner of Happy and Wealthy

As of April 20, 2014, Walgreens, with 248,000 employees, operated 8,231 drugstores in all fifty states with the number of locations totaling 8,699 (other services). In 2013, Walgreens, with headquarters in Deerfield, Illinois, opened 198 new stores, acquired 152, and closed 153, making their net opening 197. Their typical store has twenty to twenty-five employees with annual sales of $8.5 million. In 2013, Walgreens filled 821 million prescriptions. On a daily basis, 6.3 million customers visit a Walgreens store. "Walgreens leads the chain drugstore industry in sales and profit." At the end of Walgreens's fiscal year, August 31, 2013, they posted sales of $72.2 billion with earnings of $2.45 billion for and increase over the previous year of 15.2 percent. On September 4, 2014, Walgreens announced a 3.6 percent increase in sales for August. The chair of Walgreens is James A. Skinner, the retired CEO of McDonald's Corporation.[933] [934]

Walgreens also oversees infusion and respiratory services facilities, specialty pharmacies, and mail service facilities. Its Take Care Health Systems subsidiary manages more than four hundred in-store convenient care clinics staffed by nurse practitioners who offer a whole plethora of services and treatments, such as most vaccines, physicals and wellness visits, and health screenings and testing.[935] Other chain drug stores as well as supermarkets, such as Cub Foods, Target, and Walmart, also offer similar services and accept most insurance plans. The beginning of the demise of the small independent family-friendly grocer came with the

933. Financial and Other Numbers, http://news.walgreens.com/article_display.cfm?article_id=1047, viewed 9/4/2014.

934. Webcasts & Presentations, http://investor.walgreens.com, viewed 9/4/2014.

935. We offer a wide range of convenient healthcare services for the whole family, http://www.walgreens.com/topic/pharmacy/healthcare-clinic/our-services.jsp, viewed 9/4/2014.

advent of corporate chain stores in the 1930s. Later, those supermarkets added a prescription department, which has led to the closure of many independent drugstores. Doubtless, with all the competitive health clinics, we might see more doctors closing their practices.

On August 6, 2014, the Walgreens Board of Directors exercised an option to complete the second step of a strategic partnership with Alliance Boots to fully combine the two firms to create the first global pharmacy-led health and well-being enterprise. "This action follows the launch of the companies' long-term strategic partnership in June 2012, when Walgreens acquired a 45 percent equity ownership in Alliance Boots, with the option to proceed to a full combination by acquiring the remaining 55 percent of Alliance Boots in three years' time (Step 2). Walgreens expects to close the transaction in the first quarter of calendar 2015."[936] The new holding company, Walgreens Boots Alliance Inc., would consist of Walgreens, the largest drugstore chain in the United States, and Alliance Boots, which is the UK and Republic of Ireland's leading pharmacy-led health and beauty retailer.

The combined alliance "with more than 11,000 stores in ten countries and an unparalleled portfolio of retail and business brands, as well as increasingly global health and beauty product brands. The full combination also will establish the world's largest pharmaceutical wholesale and distribution network with more than 370 distribution centers delivering to more than 180,000 pharmacies, doctors, health centers and hospitals in twenty countries. Walgreens Boots Alliance will be the world's largest purchaser of prescription drugs and many other health and wellbeing products." Goldman, Sachs & Co., and Lazard provided Walgreens financial counsel in connection with the second step of the Alliance Boots transaction while Wachtell, Lipton, Rosen & Katz, and Allen Overy provided legal advice. Greg Wasson, current president and CEO of Walgreens who will be retaining that position in the Walgreens Boots Alliance, said, "This is a pivotal moment in Walgreens

936. Webcasts & Presentations, http://investor.walgreens.com, viewed 9/4/2014.

history as we venture ahead from the best corners in America to the four corners of the world."[937]

On September 04, 2014, Walgreens announced August sales of $6.39 billion, an increase of 3.6 percent from $6.16 billion for the same month in fiscal 2013. August pharmacy sales increased by 5.4 percent and accounted for 65.7 percent of total sales for the month. "Total sales for the fourth quarter of fiscal 2014, which ended Aug. 31, were 19.06 billion, up 6.2 percent from 17.95 billion in last year's quarter. Total sales for fiscal 2014 were $76.43 billion, an increase of 5.8 percent from $72.23 billion in fiscal 2013."[938] Walgreens and other drugstores, which are also expanding, market FDA-approved products. In conjunction with the UN, and possibly the WHO, Walgreens recently offered its Get a Shot, Give a Shot. A TV commercial showed children in India who had reportedly received shots.

Bill Gates is now facing a lawsuit for the illegal testing, via vaccine, of children in India.[939] The Bill and Melinda Gates Foundation, America's largest foundation, has an endowment of $24.2 billion from Microsoft Corp. While pledging a $750 million initiative called the Global Fund for Children's Vaccines, Bill Gates said, "It seems like every new corner we turn, the Rockefellers are already there, and in some cases, they have been there for a long, long time."[940] Is that the corner of happy and wealthy? I wonder if the Gates and Rockefeller families subject themselves and their families to the same vaccines they attempt to foist on the rest of

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937 Walgreens Board of Directors Exercises Option to Complete Second Step of Strategic Partnership with Alliance Boots, http://files.shareholder.com/downloads/WAG/3446407958x0x774180/4fede8a2-3df8-4a57-bdb8-dd7f477ecede/Walgreens%20Board%20of%20Directors%20Exercises%20Option%20to%20Complete%20Second%20Step%20of%20Strategic%20Partnership%20with%20Alliance%20Boots.pdf, viewed 9/4/2014.

938. Walgreens August Sales Increase 3.6 Percent, September 4, 2014, http://news.walgreens.com/article_display.cfm?article_id=5893, viewed 9/4/2014.

939. Supreme Court Of India Holding Bill Gates Accountable For Vaccine Deaths, Files International Lawsuit, http://www.nesaranetwork.com/2014/10/06/supreme-court-of-india-holding-bill-gates-accountable-for-vaccine-deaths-files-international-lawsuit-karma-karma/, viewed 10/7/2014.

940. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 113–116.

the world, or do they reject them as George W. Bush rejected the flu shot in 2004?[941]

Gates pledged $555 million to global health programs. The Gates and Rockefellers are allies in the UN-supported Global Alliance for Vaccines and Immunization (GAVI), which manages key international vaccine programs. GAVI, an alliance, is composed of UNICEF; the World Bank; WHO; United Nations Population Fund (UNFPA), formerly the United Nations Fund for Population Activities; and donor countries and "private organizations and groups" such as the Bill and Melinda Gates Foundation, the Rockefeller Foundation, and the International Federation of Pharmaceutical Manufacturers Associations. The Gates have investments totaling $205 million in nine pharmaceutical companies. In 2001, Microsoft named the Merck CEO Raymond Gilmartin to its board of directors.[942]

One of the vaccines that Gates has made available to the children in the so-called third world countries is GlaxoSmithKline's oral polio vaccine (OPV), which is no longer administered in the United States due to the fact that about one out of 2.4 million doses of OPV distributed in the United States actually caused vaccine-associated paralytic polio (VAPP). So the CDC changed its vaccine schedule in 1997 (two doses of IPV followed by two doses of OPV). The new schedule decreased, but it did not guarantee the elimination of vaccine-induced paralytic polio. In 2000, health care workers no longer administered the OPV, but the WHO and Gates used it in India, which has caused the neurological damage (paralysis) to 47,500 children in 2011. The mainstream media concealed this information.[943]

The FDA was purportedly designed to protect American citizens from unsafe foods, vaccines, drugs, and other products, which it has regularly failed to accomplish despite its increased work force. Now, this corporate champion, with offices in numerous countries, has spread its slithery far-reaching tentacles throughout the world—what to inadequately protect

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941. Andreas Moritz, Cancer Is Not A Disease—It's A Survival Mechanism, Enerchi Wellness Press, Kindle, 2009, Location 2714–2715.

942. Ibid., pp. 113–116.

943. The Refusers, 47,500 paralysis cases after polio vaccine – Deccan Chronicle, April 16, 2012, http://therefusers.com/refusers-newsroom/rise-in-paralysis-cases-after-polio-vaccine-deccan-chronicle/#.VAYUGMJ0yM9, viewed 6/10/2014.

the populations in the Virgin Islands, Puerto Rico, India, Costa Rica, Chile, Belgium, England, and China? It has utterly failed in its original taxpayer-funded (now partially funded by Big Pharma), public-spirited obligations, and now it is going to facilitate its consistent failure under the guise of protecting people throughout the world. I anticipate that we will soon see the FDA open offices in Afghanistan, Iraq, Syria, Libya, and other countries the United States military has "liberated." The FDA is in the Philippines and in Vietnam where it anticipates that the pharmaceutical market will increase to $8 billion each by 2020 in the both countries.[944]

In late 1992, President George H. W. Bush allowed American companies to open offices in Vietnam to conduct feasibility studies, but officials barred them from doing any business.[945] Article 21 of the 1973 peace agreement promised reconstruction aid after the end of the war. President Nixon made a list of $3.25 billion worth of projects.[946] Instead of the United States paying for the obliteration of Vietnam's infrastructure, Vietnam had to borrow from the World Bank.[947] The morning after Clinton lifted the sanctions (extortion), vendors handed out samples of Pepsi at the street stands in Ho Chi Minh City.[948] I wonder, is there a Walgreens "at the corner of happy and wealthy" on every street in Hanoi?

On February 4, 2011, Canadian Prime Minister Stephen Harper and Barack Obama issued a *Declaration on a Shared Vision for Perimeter Security and Economic Competitiveness* and announced the creation of the Canada-United States Regulatory Cooperation Council (RCC) "to better align our regulatory approaches" and to "to remove unnecessary requirements and align standards." Canada and the United States, having "a relationship characterized by highly integrated economies," can then as the mandate suggests "become more efficient and effective

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944. Vietnam & Philippines Pharmaceutical Market: $8 Billion Each by 2020, FDA News Today, June 21, 2014, http://fda.einnews.com/article/210487909/XQDwdf18hcvac-gm, viewed 9/12/2014.

945. Michael Rust, New Goal in Vietnam Is Money, Not MIAs, Insight on the News, Vol. 10, February 28, 1994.

946. Don Luce, Back to Vietnam, The Nation, Volume: 258. Issue: 8, February 28, 1994. Page Number: 257.

947. Ibid.

948. Ibid.

by streamlining and aligning standards and removing duplicative requirements such as independent approvals for the same products, re-inspections and requirements for unnecessary certification or verifications of products."[949]

The Carlyle Group and its Shenanigans

I mentioned the Bush family and implied that it was one of the many "elite" families who has become wealthy as a result of its early drug trafficking. I also mentioned the Carlyle Group in relation to the corporate structure where many individuals sit on the boards of numerous corporations. Key globalist players manipulate government officials to invest pension funds into the Carlyle Group that then has the funds to buy up profitable companies who engage in businesses that will guarantee even greater profits due to political decisions and legislation. For instance, Governor Bush promoted screening, psychiatric drug therapy, and as president, initiated warfare in the Middle East. Some of his political advisors included James Baker who was a principal investor and decision maker in the Carlyle Group, as was Bush's father.

Now let's get back to the Carlyle Group and their shenanigans. The group knows where to put its money for maximum profits. In 2011, it acquired the clinical research company Pharmaceutical Product Development (PPD), located in Wilmington, North Carolina, for $3.9 billion. The company provides clinical research and laboratory services to some of the world's biggest pharmaceutical companies, which outsourced some of their research and development interests. The costs of getting FDA approval had increased, and this outsourcing would take some of the pressure off of the drug companies, which would allow them to focus on marketing.[950] PPD helped develop pharmaceutical products,

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949. United States-Canada Regulatory Cooperation Council (RCC) Joint Action Plan, Developing and implementing the Joint Action Plan, December 7, 2011, http://pm.gc.ca/eng/news/2011/12/07/united-states-canada-regulatory-cooperation-council-rcc-joint-action-plan, viewed 4/13/2014.

950. Peter Lattman, Buyout Firms to Buy Drug Research Company for $3.9 Billion, New York Times, October 3, 2011, http://dealbook.nytimes.com/2011/10/03/carlyle-and-hellman-friedman-to-buy-ppd-for-3-9-billion/?_php=true&_type=blogs&_php=true&_type=blogs&_r=1, viewed 6/30/2014.

biotechnology, medical devices and provided academic counseling to companies and government agencies.

One of the services that PPD engages in is risk evaluation and mitigation strategies (REMS), which, according to PPD's website, "are designed and implemented during the commercialization of a pharmaceutical product to ensure an acceptable risk-to-benefit ratio for products that are known to exhibit specific risks." The FDA collaborates with PPD to facilitate the marketing of a drug company's products.[951] One of PPD's key competitors is Quintiles Transnational, located in North Carolina, which manages clinical trials. Bain Capital, TPG Capital, and 3i Group and Quintiles's founder, Dennis B. Gillings, own/control the company.[952]

On July 3, 2013, the Carlyle Group, via their Carlyle Europe Partners III LP, acquired Chesapeake, a global supplier of pharmaceutical and consumer packaging products. This company, headquartered in Nottingham in the United Kingdom, produces paper-based leaflets, labels, and cartons, primarily for the pharmaceutical and other industries.[953]

On January 16, 2014, *Business Wire* reported that the Carlyle Group had arranged to acquire Johnson & Johnson's Ortho-Clinical Diagnostics (OCD) business, a firm headquartered in Raritan, New Jersey. OCD is a "global provider of solutions for screening, diagnosing, monitoring and confirming diseases, for $4.15 billion." The article states, "OCD operates in 130 countries. OCD serves clinical laboratories and the transfusion medicine community around the world. The company is a provider of total solutions for early screening, diagnosing, monitoring and confirming diseases, focused on supporting hospitals, laboratories and blood centers

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951. Pharmaceutical Product Development (PPD),,http://www.ppdi.com, viewed 6/30/2014

952. Peter Lattman, Buyout Firms to Buy Drug Research Company for $3.9 Billion, New York Times, October 3, 2011, http://dealbook.nytimes.com/2011/10/03/carlyle-and-hellman-friedman-to-buy-ppd-for-3-9-billion/? php=true& type=blogs& php=true& type=blogs& r=1, viewed 6/30/2014.

953. The Carlyle Group Acquires Chesapeake, a Global Supplier of Pharmaceutical and Consumer Packaging Products, The Carlyle Group, July 3, 2013, http://www.carlyle.com/news-room/news-release-archive/carlyle-group-acquires-chesapeake-global-supplier-pharmaceutical-and, viewed 7/1/2014.

worldwide." Carlyle, with $185 billion in assets, has invested $6.3 billion of equity in health care transactions around the world.[954]

On January 23, 2014, *Reuters* reported that Carlyle Group LP was acquiring a "strategic minority stake" and recapitalizing the privately held Vogue International, the company that makes the Organix Hair Care line. A Carlyle spokesperson said, "Carlyle will work with Vogue's founder and CEO Todd Christopher and his team to continue expanding the brand and building the business globally." Vogue distributes to Wal-Mart Stores Inc., Walgreens, CVS Health and other chains. Vogue sales went from $9 million in 2007 to $250 million in 2012.[955]

School-Based Health Alliance, a group that promotes school clinics, recently partnered with the CVS Health Foundation to create school-based health centers (SBHCs).[956] What will be next, operating rooms next to the nurse's office in every school?

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954. The Carlyle Group Agrees to Acquire Johnson & Johnson's Ortho-Clinical Diagnostics for $4.15 Billion Healthcare Screening, Diagnosis and Monitoring Company Is Poised for Accelerated Product Innovation and Growth, Business Wire, January 16, 2014, http://www.marketwatch.com/story/the-carlyle-group-agrees-to-acquire-johnson-johnsons-ortho-clinical-diagnostics-for-415-billion-2014-01-16, viewed 6/30/2014

955. Carlyle to invest in haircare product maker Vogue, Reuters, January 23, 2014, http://www.reuters.com/article/2014/01/23/carlyle-vogue-idUSL2N0KX2HP20140123, viewed 6/30/2014

956. School-Based Health Alliance, http://www.sbh4all.org/site/c.ckLQKbOVLkK6E/b.7453519/k.BEF2/Home.htm, viewed 8/30/2014

PART 4

Predictable Violence and Its Aftermath

Adam Lanza, Collateral Damage of Big Pharma

"Just a Normal Little Weird Kid"[957]

There appears to be a distinct disconnect between what happens in the first few years of a child's life and the life-altering repercussions. Looking at life holistically, one cannot logically dismiss what occurred to Adam Lanza in the first few years that may well have contributed to a an actual biological mental condition that precipitated the horrific slaughter of twenty children and seven adults, followed by the ignominious ending of his life. What caused a shy, geeky kid to conceive of and then commit mass murder? Not many years before, he had thoughtfully used his savings to purchase gifts for disadvantaged children. What changed his basic biology, his nature; what were his motives? The media publicizes mass shootings while relegating tens of thousands of possibly psych-drug-induced suicides to the obituary pages unless it is someone such as Robin Williams or L'Wren Scott, Mick Jagger's girlfriend, who hung herself.

Peter Lanza and Nancy Champion, who married on June 6, 1981, had a son, Ryan John Lanza, on April 10, 1988. Nancy gave birth to her second son, Adam Peter Lanza, via cesarean section on April 22, 1992, at Exeter Hospital in New Hampshire.[958] She most likely did not breastfeed Adam, or at least not for long as she returned to work and had

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957 Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

958. Alaine Griffin, Josh Kovner, Courant/Frontline Investigation: Raising Adam Lanza, Courant/Frontline Investigation, http://articles.courant.com/2013-02-17/news/hc-raising-adam-lanza-20130217_1_nancy-lanza-raising-adam-lanza-new-school, viewed 5/29/2013.

Who Was Adam Lanza, And What Was The Nature Of His Relationship With His Mother?, February 17, 2013,

day care for Adam in 1992 and 1993 according to the official records.[959] Meanwhile, Peter continued his schooling.

Like most parents, and their parents before them, the Lanzas probably adhered to the state-mandated vaccine schedule, recommended by local government officials. Without an exemption, most school districts, if not all, require that a child be vaccinated in order to attend any public school. Adam doubtless received the full spectrum of thimerosal-laced vaccinations at two, four, six, twelve, and eighteen months, as recommended by the CDC.[960] He probably did not receive the hepatitis B shot within twelve hours of birth. Many states mandate a birth shot before the mother and infant leave the hospital. According to the New Hampshire DHHS, the state follows the suggestions of the Advisory Committee on Immunization Practices (ACIP). In 1991, the ACIP recommended that an infant should receive the hepatitis B shot by the age of two months. The ACIP did not recommend the birth dose until 2005.[961] Presumably, Adam received the MMR vaccines at the recommended dosages and according to the ACIP schedule.

Beginning in 1997, Dr. Andrew Wakefield, a research gastroenterologist, along with his similarly-qualified colleagues John Walker-Smith and Simon Murch composed London's Royal Free Hospital's Inflammatory Bowel Disease (IBD) Study Group centering on the health issues of a dozen children who suffered gastrointestinal distress and perhaps pre-Crohn's Disease. Ten of the children were autistic and two had encephalitis; all of them had abnormalities in B12 absorption issues. Some of the children, following an MMR vaccine, had sudden changes in behavior as well as a regression of "normal development." One fourteen-month old child in the study began head-banging "accompanied by fever and rash." He became aggressive and his speech deteriorated. By two, he no longer spoke and began experiencing bowel problems such as diarrhea which then evolved into "chronic laxative-dependent

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959. Sandy Hook Elementary School Shooting Reports, State of Connecticut, Department of Public safety, Book 4, Document 00177484, p. 8, http://cspsandyhookreport.ct.gov/, viewed 5/30/2014.

960. CDC Vaccine Schedule, http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html, viewed 4/22/2014.

961. Telephone conversation with a supervisor at the New Hampshire Department of Health and Human Services, Division of Public Health Services, 7/23/2014, http://www.dhhs.nh.gov/dphs/cdcs/documents/hepatitisb.pdf.

constipation." Prior to the MMR vaccination, he had been developing normally. Other children developed "severe constipation and learning difficulties" after an MMR vaccination. [962]

The IBD Group published its findings in *The Lancet* in February 1998 while planning additional research while other parents sought to obtain help from the group for their children's autism and bowel issues suspecting that they too were related to the MMR vaccine as did the original parents. Many parents in England began to rethink vaccinations for their children. The well-organized medical community in the United States and England shared the same mentality. Consequently, organized medicine which included the multinational pharmaceutical companies did everything they could to destroy Wakefield and his credibility, including stripping him of his license to practice, accusing him of fraud and unethical medical practices and of trying to make money from the study. He relocated to the United States but has no license to practice. *The Lancet* retracted the article. [963] The *BMJ* published an article by Brian Deer, who was financed by *The Sunday Times* and probably big pharma, claiming that the entire study was fixed and based on falsified data. Wakefield claims that Deer was a "hit man" paid to discredit him and other scientists accepted Deer's allegations. On January 6, 2011, on Anderson Cooper 360°, Wakefield urged viewers to read his book, *Callous Disregard* which explained the study and why he was a target of the pharmaceutical industry. Cooper responded, "But, sir, if you're lying, then your book is also a lie. If your study is a lie, your book is a lie." [964] Given the annual death rate attributed to allopathic medicine, I believe Dr. Wakefield who totally defied the Standard of Care, which obviously also functions in England. I also trust the results of the IBD study.

An eighteen-month old boy received an MMR vaccination and within two months began "making strange noises and lost normal speech," abandoned all curiosity in his surroundings, "became socially

962. Andrew J. Wakefield, *Callous Disregard: Autism and Vaccines: The Truth Behind a Tragedy*, Skyhorse Publishing, New York, Kindle, 2010, pp. 28-29

963. Madison Park, Medical Journal Retracts Study Linking Autism to Vaccine, CNN, February 2, 2010, http://www.cnn.com/2010/HEALTH/02/02/lancet.retraction.autism/index.html?section=cnn_latest, viewed 10/20/2104

964. Neil Katz, Andrew Wakefield: Autism Vaccine Fraud or Conspiracy Victim?, CBS News, January 6, 2011, http://www.cbsnews.com/news/andrew-wakefield-autism-vaccine-fraud-or-conspiracy-victim, viewed 10/20/2104

unresponsive," and developed "chronic alternating constipation and diarrhea as well as failure to thrive." A colonoscopy confirmed "the presence of a chronic inflammation." Another boy in the same family suffered a rash, fever, drowsiness, aggressive behavior and convulsions within two weeks of receiving the MMR vaccination. Previously, he was potty-trained but regressed and became incontinent while, at the same time, he lost his coordination, developed alternating constipation and diarrhea which Dr. Wakefield confirmed as colitis. [965]

Another toddler in the study, a twenty-one month old boy, within one month of receiving an MMR vaccine, became uncoordinated and began losing developmental skills. He also experienced chronic alternating constipation and diarrhea and "blood tests revealed that he was anemic." Another child in the study suffered from "loss of speech, decreased social awareness and interaction, and deteriorating coordination" after an MMR vaccine at sixteen months. He also had "chronic abdominal pain, constipation, secondary fecal incontinence, vomiting, and loss of appetite." [966] The physical problems associated with the MMR vaccine includes bowel problems, constipation and bleeding, the capacity to feel happiness, the inability to laugh. Other children cry and whine most of the day, fall easily and are unsteady, become aggressive and incontinent, have laxative-dependent constipation and food intolerances. [967] Given the results of the Wakefield study, I suggest that we consider Adam Lanza's symptomology.

According to the OCA report, by early April 1997, Lanza was an "extremely active young child," who exhibited many behavioral rituals, had a neurological/developmental evaluation. He "never slept through the night, continued to make up his own language, and reportedly did not like to be held, kissed or hugged." He also had "severe temper tantrums" and used to "sit and hit his head repeatedly." In the fall, the school district conducted an occupational therapy consultation and found that Lanza "displayed inconsistent eye contact and scattered motor skills." He experienced "seizures in early childhood," with no indication of epilepsy.

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965. Andrew J. Wakefield, *Callous Disregard: Autism and Vaccines: The Truth Behind a Tragedy*, Skyhorse Publishing, New York, Kindle, 2010, pp. 32-33

966. Andrew J. Wakefield, *Callous Disregard: Autism and Vaccines: The Truth Behind a Tragedy*, Skyhorse Publishing, New York, Kindle, 2010, pp. 33, 40

967. Andrew J. Wakefield, *Callous Disregard: Autism and Vaccines: The Truth Behind a Tragedy*, Skyhorse Publishing, New York, Kindle, 2010, pp. 195, 199

He had delayed fine and gross motor skills in his preschool years, engaged in "repetitive behaviors, lack of participation in groups, sensitivity to smells, and intolerance of touch and certain textures and again, "hit his head repeatedly." [968]

Adam was diagnosed with sensory processing disorder (SPD), a symptom initially recognized by Jean Ayres in the 1960s that was then referred to as sensory integration dysfunction. Symptoms are often evident during infancy when some people refer to the term "floppy baby." These indications are neurological in nature and not social. Some children appear to be overactive, making ADHD a common misdiagnosis. SPD includes a variety of neurological disorders that affect normal brain function, inhibiting the normal development of the person's communication and social interaction skills. Individuals with SPD frequently display atypical behaviors, which some physicians may confuse with the symptoms of mild autism, ADHD, or Asperger's syndrome, a term the *DSM* no longer uses.

Adam's condition "made it difficult for him to manage and respond to sights, touch and smell." He ultimately had trouble dealing with loud noises, bright lights, confusion, and change. He also did not respond appropriately to pain. He attended kindergarten in Kingston where the teachers developed a special program to meet the needs of this withdrawn child.[969] This may have been in conjunction with the early intervention policies of the Individuals with Disabilities Education Act (IDEA), signed into law by President George H. W. Bush on October 30, 1990. It applied to children with disabilities from ages three to twenty-one. To qualify for services, the student must require additional or different services. He or she must exhibit an intellectual disability, hearing impairments, speech or language impairments, visual impairments, emotional disturbance, orthopedic impairments, autism, traumatic brain injury, or other impairments or disabilities.

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968. Shooting at Sandy Hook Elementary School, Report of The Office of the Child Advocate, November 21, 2014, pp. 17-18, http://www.ct.gov/oca/lib/oca/sandyhook11212014.pdf, viewed 11/21/2014

969. Alaine Griffin and Josh Kovner, Emails, interviews paint portrait of Newtown shooter, his mother, They would both die at his hands, along with 26 at elementary school, The Hartford Courant, February 17, 2013, http://www.columbian.com/news/2013/feb/17/raising-adam-lanza/, viewed 4/15/2014.

Nancy took her boys shooting with her friend Marvin LaFontaine who had created a fifty-yard shooting range on his property. LaFontaine's son Jordan was one of Adam Lanza's few friends. Nancy, along with her two brothers James and Donnie and a sister, Carol, grew up on a farm. Nancy enjoyed outdoor activities and shared her enthusiasm for guns and shooting with her two boys.[970] Tens of thousands of children live in homes where there are guns, yet those children do not all become mass murderers, nor does anyone castigate the parents for keeping guns in the house. Many people would blame Nancy Lanza and accuse her of creating an environment that contributed to Adam's ultimate horrific violent and homicidal behavior. Years later, Peter Lanza e-mailed his son and asked him if he wanted to go hiking or shooting. They had gone shooting at least twice before.[971] Neither of the parents would have or could have conceived of what was occurring within their son's mind.

Adam Lanza's first gun was a lightweight aluminum Ruger 10/ 22, which he used to shoot at paper bull's-eyes and other shapes. His mother taught him gun safety, and he was very "comfortable with a firearm." LaFontaine said, "Adam was four at the time he shot his first gun. We enjoyed target shooting. We were safe . . . Nancy and I were very strict about it . . . She was very, very detail oriented and very, very strict with her kids about safety." Nancy made certain that her sons were adequately protected with the appropriate safety goggles and earplugs and made certain the boys knew how to safely handle before allowing them to shoot. LaFontaine said, "From the beginning you could tell that Adam liked the feel of the gun in his hands and that he was a quick learner," Marvin said. "When Adam was focused he could really focus and in no time he became a good shot . . . He seemed to really enjoy himself on the range—and Nancy, too. She would enjoy watching Adam as he would practice with the little rifle."[972]

In 1998, the Lanza family moved from New Hampshire to the Sandy Hook section of Newtown, Connecticut, where Peter had obtained a job with General Electric. Peter was a workaholic who left the home between

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970. Matthew Lysiak, Newtown: An American Tragedy, Gallery Books, New York, Kindle, 2013, pp. 24–27.

971. Stephen J. Sedensky III, Report of the State's Attorney, Official Report Summary, November 25, 2013, p. 30.

972. Matthew Lysiak, Newtown: An American Tragedy, Gallery Books, New York, Kindle, 2013, pp. 24-27.

5:00 and 5:30 a.m. and returned home in the evening as early as 7:30 p.m. but usually not until about ten o'clock and even as late as midnight. Nancy had the major responsibility of raising the two boys. Nancy's friend Marvin LaFontaine remarked that "Nancy never complained about it, but it was obvious that she had a lot on her shoulders." On February 9, 1999, Nancy e-mailed a friend in Kingston, saying that her troubled son, Adam, seemed to be doing well and enjoying first grade at his new school, Sandy Hook Elementary although the adjustment was difficult given Adam's sensory integration issues.[973] [974]

On March 31, 1999, just about seven weeks later, Nancy wrote to a friend that she was busy planning an "Old Friend" and "New Friend" party for Ryan and a "New Friend" party for Adam who "has 26 new friends!" Both boys were going to have a "family party and a school party." Nancy had Adam's sixth birthday party at Danbury Duckpin Lanes, a bowling alley. During that party, Nancy revealed to Wendy Wipprecht, the mother of one of Adam's classmates, Miles, who was autistic, that she thought Adam was getting worse, not better, and might have a neurobiological disorder.[975]

Nancy Lanza took Adam to a pediatrician after the family moved to Newtown. In as much as pediatricians, who consider vaccines their financial mainstay, regularly write prescriptions for psychiatric drugs, researchers need to know who that doctor was and if he prescribed any medication(s). Lanza, according to his pediatric record, did not experience any injuries, have any surgeries, or stay in any hospital. His records from the pediatrician in New Hampshire note that he had "sensory issues," making it hard for him to deal with sights, touch, and smell. Although there was mention of Asperger's syndrome in his pediatric record, "there is no report saying when or if a physician actually diagnosed Lanza with the disorder."[976]

The term SPD is not listed in the *DSM* although it often occurs in children who are diagnosed with ADHD or autism. Currently, physicians

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973. Ibid.

974. Sensory Processing Disorder, http://www.sensory-processing-disorder.com/child-developmental-checklist.html, viewed 6/24/2014.

975. Marc Fisher, Robert O'Harrow and Peter Finn, Adam Lanza: The man behind a school massacre, The Washington Post, December 24, 2012, http://www.courierpress.com/news/the-man-behind-a-school-massacre, viewed 8/26/2014.

976. Ibid.

might prescribe Abilify for "irritability associated with Autistic Disorder in patients aged 6-17 with a recommended dosage of 5-10 mg/day."[977] In as much as Adam had serious issues by age six, he may have been prescribed psychiatric drugs at that time. The "symptoms" of Asperger's syndrome include preoccupation, which is demonstrated by an intense obsession with one or two specific subjects, such as baseball statistics, train schedules, weather, or snakes. Unlike children with more-severe forms of autism spectrum disorders, those said to have Asperger's syndrome usually do not have delays in the development of language skills. Adam, on the other hand, did not speak until he was three.[978]

Autistic children are often unable to process cognitive information; they experience impaired emotional development and fall behind in language, communication, and social skills. They are unable to integrate material because of insufficient development or damage to the cerebral cortex or to the central nervous system, which is neurological. Researchers attribute vaccine ingredients as the cause of the many autoimmune dysfunctions that many autistic children suffer from. Vaccines assault and alter the immune system, which may cause autoimmune disorders. An infant's brain, nervous, and immune systems function differently from those of an adult and are much more vulnerable to the "dangerous effects of vaccines and their various ingredients." When mercury enters the bloodstream, it "damages the heart, brain, kidneys, lungs and immune system." The extent of that damage depends on the type and amount of mercury, the individual's age, and general health and the length of exposure time.[979]

Adam had a hypersensitivity to physical touch, which necessitated Nancy removing the tags from his clothing. In preschool in New Hampshire and at the Sandy Hook Elementary School that he attended

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977. Abilify Prescribing Information, https://www.abilify.com/hcp/irritability-associated-with-autistic-disorder/efficacy?ceid=1000212&utm_source=bing&utm_medium=cpc&utm_campaign=considerationautismhcppeds&utm_term=therapyautism&utm_content=unbrandedcgeneraltherapy_textad_hcpinfo_text, viewed 6/24/2014.

978. Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

979. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 150–153.

(1998–2003), he often imagined that he smelled things that no one else noticed. Adam also engaged in obsessive hand washing. In New Hampshire, a doctor, perhaps his pediatrician, diagnosed him with a sensory-integration disorder. He received speech therapy and occupational therapy in kindergarten and first grade. His parents asked the teachers to watch for seizures.[980] Parents would not ordinarily ask a teacher to watch for seizures if their child had not previously experienced one. They are often the result of encephalitis, an acute inflammation of the brain that has been linked to the mercury in vaccines.[981] Symptoms include headache, fever, fatigue, seizures, and convulsions. Obtaining Lanza's full birth to death medical history should be a high priority for any commission actually attempting to evaluate the causes for his actions. Anything short of that is highly questionable.

According to two reporters for the *Courant*, Sandy Hook school officials do not remember Lanza attending any special needs programs. One teacher said that "Lanza was 'an academically capable, quiet child' who appeared to be having a pleasant school experience."[982] Adam's second-grade teacher, Carole MacInnes, reported that Adam was a quiet, intelligent child who needed no special attention. He was "a smart, sweet boy" and a "gentle soul." She said that she met his mother during parent-teacher conferences but not his father.[983] MacInnes said of Adam Lanza, who was not withdrawn as he would be later, that he was "a thin little

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980. Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

981 Christina England, Certain vaccines have been known to cause epilepsy for years, May 9, 2010, http://vactruth.com/2010/05/09/vaccines-cause-epilepsy, viewed 5/29/2014; See also http://www.mercola.com/article/vaccines/neurological_damage.htm.

982. Alaine Griffin and Josh Kovner, Adam Lanza's Medical Records Reveal Growing Anxiety, The Hartford Courant, June 30, 2013, http://articles.courant.com/2013-06-30/news/hc-adam-lanza-pediatric-records-20130629_1_nancy-lanza-adam-lanza-danbury-hospital/3, viewed 8/22/2014.

983. Brock Vergakis, Mass gunman Adam Lanza was a sweet boy, former teacher at Sandy Hook Elementary School says, Associated Press, December 23, 2012, http://news.nationalpost.com/2012/12/23/mass-gunman-adam-lanza-was-a-sweet-boy-former-teacher-at-sandy-hook-elementary-school-says/, viewed 4/20/2014.

fellow. He was very quiet. There was a quiet depth to him that I couldn't penetrate." She said that "he didn't need that much from me. Some kids coming in from first grade need more attention, but academically he was fine. Socially, he got along with the others. I don't remember him as hostile."[984]

Apparently, in the third grade (2000–2001), Nancy took Adam to the school after normal hours to help him complete his work. At this time, Adam joined Little League baseball. He rarely swung at a ball and usually struck out. He participated with others his own age, and evidently, his sensitivity to light was not yet an issue or he would not have engaged in outdoor activities. Nancy always attended his games and was almost paranoid over the idea that the other kids might be bullying Adam despite the fact that most of them simply ignored him. Some kids probably did make remarks as he made no real effort to fit in with the others. On May 18, 2001, the *Newtown Bee* mentioned Adam Lanza's performance at a recent little league as "stellar in the field."[985]

In 2001, when Adam was nine, Peter and Nancy separated for the first time. Later, a psychiatrist asked Adam how he felt about his parents' separation and later divorce, and according to Andrew Solomon's article, Adam said that "his parents were as irritating to each other as they were to him."[986] Over the next seven years, they attempted reconciliation twice when Peter moved back. Nancy would ultimately file for divorce on December 9, 2008, citing irreconcilable differences and issues over financial concerns.

Ryan Kraft, a former neighbor, occasionally babysat Adam when he was about ten years old and says that he noticed "some unusual behavior from the boy." Kraft, a former student at Sandy Hook, said, "When I had put him to bed early or (stopped him from) doing something, he would be really unhappy about it and throw a tantrum in a way that a younger

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984. Marc Fisher, Robert O'Harrow and Peter Finn, Adam Lanza: The man behind a school massacre, The Washington Post, December 24, 2012, http://www.courierpress.com/news/the-man-behind-a-school-massacre, viewed 8/26/2014.

985. The Newtown Bee, http://newtownbee.com/news/40914, viewed 5/20/2014.

986. Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

kid I would normally expect to behave."[987] All antidepressants, including SSRIs, can cause mania. According to the APA's *DSM-IV* (1994), mania is frequently associated with violence, and the psychotic behavior can be "goal-directed." It states that patients often display "irritability, particularly when the person's wishes are thwarted."[988] The FDA approved Prozac, the first SSRI, for adults in December 1987 and for children in January 2003.[989]

Kraft said, "Adam always struck me as a really introverted kid. He was really quiet and whenever we were doing something whether he was building Leggos or playing video games he was really focused on it, like he was in his own world."[990] Kraft also said that Adam was "too boisterous" for Ryan Lanza to manage. He noted that "the kids seemed really depressed" by the breakup of their parents.[991] SSRIs have often been linked to violent outbursts such as tantrums.

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987 David Boroff, Adam Lanza's babysitter Ryan Kraft stunned by mass murder at Sandy Hook Elementary School, New York Daily News, December 17, 2012, http://www.nydailynews.com/news/national/adam-lanza-babysitter-stunned-sandy-hook-tragedy-article-1.1221855, accessed 1/19/2014. Read more: http://www.nydailynews.com/news/national/adam-lanza-babysitter-stunned-sandy-hook-tragedy-article-1.1221855#ixzz2qtLP8QfJ.

988 Peter Breggin, *The Antidepressant Fact Book: What Your Doctor Won't Tell You About Prozac, Zoloft, Paxil, Celexa, And Luvox*, Da Capo Press, Cambridge, Massachusetts, Kindle, 2009, Locations 1665–1671.

989 Anti-depressant Drug Use in Pediatric Populations, Statement of Robert Temple, M.D., Director, Office of Medical Policy, before the Senate Subcommittee on Oversight and Investigations, Committee on Energy and Commerce, September 23, 2004, http://www.fda.gov/NewsEvents/Testimony/ucm113265.htm, viewed 6/28/2014.

990 David Boroff, Adam Lanza's babysitter Ryan Kraft stunned by mass murder at Sandy Hook Elementary School, New York Daily News, December 17, 2012, http://www.nydailynews.com/news/national/adam-lanza-babysitter-stunned-sandy-hook-tragedy-article-1.1221855, accessed 1/19/2014. Read more: http://www.nydailynews.com/news/national/adam-lanza-babysitter-stunned-sandy-hook-tragedy-article-1.1221855#ixzz2qtLP8QfJ.

991 Greg Jaffe, Paul Duggan and Colum Lynch, Adam Lanza is recalled as a 'rambunctious kid' with family problems, *Washington Post*, December 14, 2012, http://www.washingtonpost.com/local/crime/adam-lanza-is-recalled-as-a-rambunctious-kid-with-family-problems/2012/12/14/795ad0fe-4641-11e2-8e70-e1993528222d_story.html, viewed 6/26/2014.

Kraft, an aerospace engineer now living in Hermosa Beach, California, told reporters that "unfortunately, he was not surprised." The Kraft family moved to Newtown when their son Ryan was ten years old; the Lanza family moved next door about six months later. When Kraft was fourteen, Nancy Lanza asked him to watch Adam and gave him instructions: "Keep an eye on him at all times . . . never turn your back, not even to go to the bathroom."[992] Kraft said, "I know there was something administered. I'm not sure what."[993] Peter Lanza said that Adam, who became "prone to anxiety," told him that when he was eight or nine that he "loved being a kid." Did a doctor prescribe a new or additional drug at this time that may have changed him from being a geeky, weird kid to being "stressed, frustrated and less happy."[994] Perhaps a doctor prescribed Prozac for Adam as doctors had been prescribing it off-label since it hit the market.

On December 14, 2012, in a *Washington Post* article, a former Newtown neighbor reported that Adam Lanza was a "really rambunctious kid" and stated that he was on medication. Another person, a family member, told a law enforcement officer that he had "some form of autism." Beth Israel, another former neighbor, said that Adam Lanza was withdrawn but not threatening in any way. "Overall, I would just call him a socially awkward kid; I don't know, shy and quiet. Didn't really look you in the eye," Israel said.[995] The witnesses seem to be describing two different individuals. People, including Kraft, the former neighbor, describe him as both withdrawn and rambunctious,

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992. News One Staff, Adam Lanza's Mother Warned His Former Babysitter: "Don't Turn Your Back On Him," December 17, 2012, http://newsone.com/2105902/adam-lanza-ryan-kraft/, viewed 8/25/2014.

993. Connecticut Shooting: Long-shot DNA tests ordered on Lanza, psych med questions ignored, http://www.cchrint.org/2013/01/04/lanza-psych-med-questions-ignored, viewed 4/20/2014.

994. Alaine Griffin and Josh Kovner, Lanza's Psychiatric Treatment Revealed In Documents, The Hartford Courant, December 28, 2013 http://articles.courant.com/2013-12-28/news/hc-lanza-sandy-hook-report1228-20131227_1_peter-lanza-adam-lanza-nancy-lanza, viewed 4/20/2014.

995. Greg Jaffe, Paul Duggan and Colum Lynch, Adam Lanza is recalled as a 'rambunctious kid' with family problems, The Washington Post, December 14, 2012, http://www.washingtonpost.com/local/crime/adam-lanza-is-recalled-as-a-rambunctious-kid-with-family-problems/2012/12/14/795ad0fe-4641-11e2-8e70-e1993528222d_story.html, viewed 6/26/2014.

characteristics diametrically opposed to each other. Although this is speculative, he may have been taking a stimulating medication that altered his behavior. This causes children to be very rambunctious and talkative and then as the drug wears off, it often results in a crash that causes the child to become quiet and withdrawn.

After the Lanzas' separation in 2001, Peter recalled, "The funny part is that the separation didn't really change things for the kids very much." He continued to see the boys every weekend. Peter says that Adam, after starting at Newtown Middle School, which would have been in the fall of 2004, "proudly" took him to see the school. Peter said, "And talk about talkative: man, that kid, you couldn't shut him up!"[996]

In 1997, Thomas Millar, a child psychiatrist, said, "Ritalin calms children, indeed it often turns rambunctious kids into socially inhibited conformers, which, though it may make things easier for teachers and parents, is but suppressing the growing-up problems not solving them."[997] Because ADD and ADHD is really not a disease, there is no objective biological test for either one. Despite this, the drug industry has the resources and the ability to shape public perceptions. The drug industry has persuaded teachers and counselors to recommend an ADD diagnosis to parents so that they could "get their more rambunctious students on Ritalin, an easy way to quiet them down."[998] Given the unavailability of his medical records, the public does not know whether he was on Ritalin. He was definitely reported by many people as being quiet, withdrawn, and unresponsive.

Peter Lanza reports that as a young boy, Adam appeared happy and well-adjusted and his time at Sandy Hook was pleasant and uneventful. However, at about the age of eleven or twelve (2003–04), he dramatically changed. He became depressed, stressed, and frustrated, but did not

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996. Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

997 Peter R. Breggin, Talking Back to Ritalin: What Doctors Aren't Telling You about Stimulants and ADHD, Perseus Publishing, Cambridge, Massachusetts, Kindle, 2001, Locations 1862–1863.

998. Ibid., Locations 2487–2489.

appear angry or aggressive.[999] By age eleven, Peter noticed a change in his son's disposition and anxiety level.[1000]

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999. Ken Dixon and Wes Duplantier, Lanza's psychiatrist lost license to practice Killer's primary psychiatrist gave up his in face of negligence charges, Stamford Advocate, December 28, 2013, http://www.stamfordadvocate.com/local/article/Lanza-s-psychiatrist-lost-license-to-practice-5099064.php, viewed 8/27/2014.

1000. Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

Adam Lanza, a Ticking Time Bomb

Adam continued to reside with his mother while his father would have "liberal visitation and vacations." Peter, then living in an apartment in Stamford, saw his sons regularly and took them skiing, hiking, rock climbing, to coin shows. He probably saw them as much as when he and Nancy were together, given his work schedule.

The Sandy Hook Elementary School (SHES) created a T-shirt and had the students sign them. Each student received one. Adam Lanza's signature appears, along with his fifth-grade classmates, on that T-shirt, which reads "Sandy Hook School, 2003" although those fifth graders started at SHES in fall 2002 and relocated, perhaps during Christmas break, to the newly built Reed Intermediate School for fifth and sixth graders beginning January 2003.[1001] Lanza's fifth-grade class was the first to attend Reed. His former teachers do not recall any incidents of "physical abuse or extreme bullying" at either SHES or at Reed Intermediate School. He did not require special needs at either school.[1002] He would have been ten, turning eleven in April, when he started at Reed, where he apparently adjusted without any issues.

There is a three-page report in the official police files that describes a story that Adam and another unnamed boy co-authored and illustrated in the fifth grade. There is no date so we do not know if this occurred at

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1001 Gary Stoller and Oren Dorell, Classmate says Adam Lanza Attended Sandy Hook School, USA Today, December 19, 2012, http://www.usatoday.com/story/news/2012/12/18/adam-lanza-sandy-hook-student/1777525, viewed 2/4/2014.

1002 Alaine Griffin and Josh Kovner, Adam Lanza's Medical Records Reveal Growing Anxiety, The Hartford Courant, June 30, 2013, http://articles.courant.com/2013-06-30/news/hc-adam-lanza-pediatric-records-20130629_1_nancy-lanza-adam-lanza-danbury-hospital/3, viewed 8/22/2014.

SHES or at Reed. Lanza, who seems to be the main creator, states, "Adam Lanza holds all rights to all of the following content." The other person seems to have created the images. Adam called his creation, *The Big Book of Granny*, which begins with eighty-five degrading Granny jokes. The "story" then describes the granny who possesses a cane that doubles as a gun. Following the jokes, Adam introduces the Granny Action figures. Granny and her son, Bobolicious, enjoy hurting/killing children and playing hide-and-go-die. Another character, Dora the Berserker, likes to shoot animals but not as much as she likes to hurt people, "especially children." Granny and Dora, in their "adventure," carried a handgun, an AK-47, a rifle, rocket launcher, musket, and a shotgun.[1003] The "story" that Lanza (age ten plus) created suggests homicidal ideation.

Adam started the seventh grade in the fall of 2004 at Newtown Middle School (NMS), the one that he was excited about showing his father. It was challenging as he had to change classes during the day and had different teachers for each subject, which initiated "a period of instability." With only eight weeks in the school year, in April 2005, Nancy Lanza took her son out of NMS and switched him to St. Rose of Lima, which had smaller class sizes. Kateleen Foy, a student there, recalled Lanza as a quiet and shy boy whom someone photographed offering a tentative wave from his seat at the lunch table (the blue shirt photo). St. Rose officials were concerned about Adam's "disturbing drawings."[1004]

Adam's teacher in the last quarter of the seventh grade said, "After my years of experience (7th grade) boys I know how they are supposed to act. But I saw Adam as being not normal with very distinct anti-social issues. Adam was a very intelligent boy but he was also very quiet, barely spoke and never responded to his classmate's kindness of trying to help him fit in. I also remember Adam never wanting to participate in anything . . . I remember giving creative writing assignments to students instructing them to write a page or two on whatever they wanted to talk

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1003. Compressed Files, 220-222, http://www.scribd.com/doc/187281023/Adam-Lanza-Book-of-Granny, Appendix starting at page A220.

1004 Alaine Griffin and Josh Kovner, Adam Lanza's Medical Records Reveal Growing Anxiety, The Hartford Courant, June 30, 2013, http://articles.courant.com/2013-06-30/news/hc-adam-lanza-pediatric-records-20130629_1_nancy-lanza-adam-lanza-danbury-hospital/3, viewed 5/7/2014.

about. Adam would write ten pages, obsessing about battles, destruction and war. In my years of experience, I have known (7th) grade boys to talk about things like this but Adam's level of violence was disturbing. I remember showing the writings to the Principal at the time. Adam's creative writing was so graphic that it could not be shared. I remember instructing Adam that he had to write something else to share for the class. Instead, he wrote a poem, from what I recall was beautiful."[1005] The state's attorney's report noted this "disturbing" violence in his writing and the teacher's description of Lanza as "intelligent but not normal, with anti-social issues."[1006]

Lanza was a vegan by 2005 (age thirteen), which may be a significant issue. Nancy Lanza was concerned about Adam's vegan diet and asked his pediatrician about whether Adam might not be getting "the proper nutrition."[1007] A quarter of the body's cholesterol is in the brain, which is composed of 60 percent saturated fat. Cholesterol is necessary for the brain's serotonin receptors. Low cholesterol also connotes low serotonin levels, creating depression. People on low-fat or vegan diets are twice as likely to commit suicide. Dr. Beatrice Golomb reviewed all the studies published from 1965 to 1997 that demonstrated a link between low cholesterol and violence.[1008] Clinical studies in meticulously controlled settings have revealed that low-fat diets increase anger, depression, and anxiety. Low cholesterol levels often occur among individuals who are diagnosed with aggressive conduct disorders or have suicide ideation

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1005. Reed Coleman, Adam Lanza: Timeline, http://schoolshooters.info/adam-lanza, viewed 11/13/1014 or Official Report, book 7, file 00004051, Rachel Van Ness, January 5, 2013.

1006. Report of the State's Attorney for the Judicial District of Danbury on the Shootings at Sandy Hook Elementary School and 36 Yogananda Street, Newtown, Connecticut on December 14, 2012, p. 34.

1007. Alaine Griffin and Josh Kovner, Adam Lanza's Medical Records Reveal Growing Anxiety, The Hartford Courant, June 30, 2013, http://articles.courant.com/2013-06-30/news/hc-adam-lanza-pediatric-records-20130629_1_nancy-lanza-adam-lanza-danbury-hospital/3, viewed 5/7/2014.

1008. Denise Grady, Researcher Links Reduction in Cholesterol With Violent Death, The New York Times, March 17, 1998, http://www.nytimes.com/1998/03/17/science/researcher-links-reduction-in-cholesterol-with-violent-death.html, viewed 5/15/2014.

and people with poorly internalized social norms.[1009] According to a French study, "low serum cholesterol concentration is associated with increased risk of death from suicide in men," this supported previous studies regarding low cholesterol and increased suicide risk. Doctors at the Psychiatric Clinic, Charles University of Prague found that it also contributes to mood disorders, depression, and violent behavior and suicide.[1010]

In late September 2005, Nancy Lanza took Adam, now in the 8th grade at Newtown Middle School, to the emergency room at Danbury Hospital for an evaluation as he had been "experiencing anxiety for several days." Though they suggested admitting him for further evaluation of his "acute anxiety," his mother just wanted a note to keep him out of school. She was to follow up with "his doctor," who he was scheduled to see in three weeks. [1011] The hospital report states that she was "not entirely satisfied with what the ER doctors did," and "unsuccessfully pushed them for more answers" and wondered if her son was "outgrowing borderline autism."[1012] On September 19, days before his mother took him to the hospital, his pediatric medical record notes that he was "not eating well," and "sleeping a lot during the day." According to the record, his weight was 98 pounds. He was approximately 5 feet, 8 inches tall. [1013] His parents had taken him to Dr. Paul J. Fox on September 11, who diagnosed Adam with Asperger's syndrome, a diagnosis that he rejected as he probably was sufficiently astute to recognize there were other issues involved in the way that he felt. Given Dr. Fox's prescribing

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1009. Lierre Keith, The Vegetarian Myth: Food, Justice, and Sustainability, PM Press, Oakland, California, Kindle, 2009, Locations 3218–3230.

1010. Barry Groves, Trick and Treat: how 'health eating' is making us ill, Hammersmith Books Limited, London, Kindle, 2008, Locations 8488–8505.

1011. Shooting at Sandy Hook Elementary School, Report of The Office of the Child Advocate, November 21, 2014, p. 38, http://www.ct.gov/oca/lib/oca/sandyhook11212014.pdf, viewed 11/21/2014

1012. Alaine Griffin and Josh Kovner, Adam Lanza's Medical Records Reveal Growing Anxiety, The Hartford Courant, June 30, 2013, http://articles.courant.com/2013-06-30/news/hc-adam-lanza-pediatric-records-20130629_1_nancy-lanza-adam-lanza-danbury-hospital/3, viewed 5/7/2014

1013. Shooting at Sandy Hook Elementary School, Report of The Office of the Child Advocate, November 21, 2014, p. 40, http://www.ct.gov/oca/lib/oca/sandyhook11212014.pdf, viewed 11/21/2014

practices, he likely prescribed one or more SSRI drugs for Adam. Dr. Fox recommended homeschooling, suggesting that the "disadvantages of sending Adam to a regular school were worse than those of isolating him from his peers."[1014]

We do not know what other drugs that Fox may have prescribed for Lanza. An individual contacted AbleChild to relate that Dr. Fox had been her ten-year-old son's doctor. Fox began treating him with antidepressants in 1998 after diagnosing him with Asperger's syndrome. From January 1998 to March 1999, Dr. Fox prescribed the following antidepressants for the ten-year-old: Celexa, Remeron, Effexor, and Wellbutrin. He also prescribed Neurontin, an antiepileptic; Buspar, an antianxiety; Zyprexa, an antipsychotic; and Adderall, an amphetamine.[1015]

During that fourteen-month period, when Dr. Fox prescribed this drug cocktail, the drugs had not been approved for pediatric use and there had been no clinical trials claiming the safety of the drug combination. Dr. Fox was either oblivious or unconcerned about the adverse long-term effects that this drug cocktail might have had on this child's brain. That child, according to Sheila Matthews, is currently so disabled that he is unable to leave his home. It is conceivable that Fox prescribed the same drug cocktail for Adam Lanza.

The daily drug regimen for the ten-year-old was as follows:

8a.m.: 1 Celexa (20mg)
4p.m.: 1 Neurontin (300mg)
6 p.m.: 2 Buspar (15mg) each
8 p.m.: 1 Neurontin (300mg)
10 p.m.: 1 or 1/2 Remeron (15mg) if trouble sleeping.[1016]

Peter Lanza, in his interview with Solomon, said, "It was crystal clear something was wrong. The social awkwardness, the uncomfortable

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1014. Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

1015. Sheila Matthews, Is Lanza's Psychiatrist's Drugging Indicative of Connecticut's Mental Health Services?, February 6, 2014, http://ablechild.org/tag/adam-lanza-medical-records, http://ablechild.org/tag/adam-lanza-medical-records, viewed 4/19/2014.

1016. Ibid.

anxiety, unable to sleep, stress, unable to concentrate, having a hard time learning, the awkward walk, reduced eye contact. You could see the changes occurring."[1017] These problems might be attributable to his unhealthy diet or possibly the drugs that Adam was taking. From the eighth grade forward, Nancy, who managed most of the "major decisions," coordinated the curriculum with the Newtown High School and worked with Adam on the humanities while "Peter met with Adam twice a week to handle the sciences." During 2007 and the early part of 2008, Adam attended Richard Novia's Tech Club meetings at the high school.[1018]

Novia arrived in Newtown in 1993 and served as chief of security in the Newtown school district. In the mid-2000s, Novia, a computer geek, had Ryan Lanza in his recently created Tech Club and also invited Ryan's noticeably nerdy but withdrawn brother Adam who was then in the middle school to join the club held at the Newtown High School. He was hoping that it would help Lanza "to become more social." He perceived that Nancy Lanza, whom he described as a wonderful woman and a good parent, "was failing at bringing him out of his little world" and thought that he could help him though Nancy was skeptical. Adam, with his brother Ryan as a de facto caretaker, even participated in the club-night sleepovers where Novia would lock the school down and, with thirty or so kids, stay overnight and play video games and such.[1019]

Nancy Lanza told Novia that Adam had "several disorders," including Asperger's syndrome and a sensory processing disorder (SPD), neither of which are associated with violence. Novia helped him with video production projects and software to which he caught on very quickly. However, he rarely said more than a couple of words. Lanza stayed in the club in his freshman year, and Nancy continued to be the attentive parent and would come to the school two or three times a week. Novia seemed to be making some progress with Adam for which Nancy

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1017. Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

1018. Ibid.

1019. Richard Novia: "Adam Had Episodes. He Would Completely Withdraw." Edited transcript of an interview conducted on January 27, 2013, PBS, http://www.pbs.org/wgbh/pages/frontline/social-issues/raising-adam-lanza/richard-novia-adam-had-episodes-he-would-completely-withdraw, viewed 7/14/2014.

was happy. Novia did have to call Nancy to come get Adam during one of the overnight activities when he had an "episode." This consisted of Adam slowly but completely withdrawing from the social activity and refusing to communicate. At times, Adam, apparently sensitive to the light, preferred total isolation in the darkened control room that Novia had set up for video productions.[1020]

Most of Adam's episodes dealt with the club members changing activities. Novia said, "My opinion would be that he would become accustomed to certain things and when you try to raise that level or bar, he would pull back." He disliked changing classes and was nervous with hundreds of kids opening and closing lockers. He disliked the crowds in the hallways at school. He would often need an escort, and Novia thought that he was in special education but the school was trying to integrate him. Ultimately, at about the same time that Novia was leaving his position with the board of education, Nancy withdrew Adam from attending the high school.[1021] On March 11, 2008, Novia would be fired after an altercation with a student.[1022]

Novia, who was a gun owner and an instructor at a range, did not know whether Adam had declined further at that point as he had no further contact with Adam or Nancy Lanza. Novia did not think that Adam was "on a track to committing violence." He did say that Adam was very interested in the violent aspects of some of the video games, like World of Warcraft, created in 2004 by Blizzard Entertainment. Club members played and preferred those games, Novia said, over DDR, which is Dance Dance Revolution. Novia said that people who played these games might become "desensitized towards the violence" and that lots of normal kids played these games but they're healthy. "Adam," he said, "was not a healthy child." Novia was surprised, no stunned, to learn that Nancy was a gun owner. He also believed that it was a mistake for Nancy to take Ryan and Adam shooting even though she thought of it,

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1020. Ibid.

1021. Ibid.

1022. Reed Coleman, Timeline: Adam Lanza's Life and Online Activity, September 7, 2013, http://sandyhooklighthouse.wordpress.com/2013/09/07/timeline-adam-lanzas-life-and-online-activity, viewed 5/5/2014.

as she related to friends, as a bonding experience.[1023] Of course, it is easy to make such an assessment after the fact. As people often say, hindsight is twenty-twenty. As he got older, that isolation seems to have grown into obsessions over mass killers and weaponry.

When Adam was fourteen, Peter, through the Employee Assistance Program at his workplace, arranged an appointment for Adam at the Yale Child Study Center.[1024] The parents took their son Adam to Yale where Dr. Robert A. King assessed him during a three-hour session on October 24, 2006, and saw evidence of OCD, which was secondary and often accompanies autism.[1025] Fox was still his primary psychiatrist, and we have no record of what psychiatric drugs he prescribed or what Lanza was taking when he went to visit Dr. King. Doctors often prescribe additional drugs to counter the side effects of the drugs that might be causing issues, perhaps those that Peter mentioned—social awkwardness, the stress and anxiety, the inability to sleep and to concentrate, the difficulty that he had in learning, the awkward walk, and the reduced eye contact.

King said he "displayed a profound Autism Spectrum Disorder (ASD), with rigidity, isolation, a lack of comprehension of ordinary social interaction and communications." King felt that Lanza's social isolation and withdrawal were increasing and suggested further psychoeducational evaluation. Dr. King said that Lanza also had pervasive developmental disorder (PDD) and suggested that an SSRI such as Zoloft, Luvox, Celexa, Lexapro, or Paxil might be helpful in reducing Lanza's symptoms.[1026] Thimerosal, a causative factor in autism, is also associated with PDDs.[1027] Dr. King noted that while Adam's parents were primarily concerned about his schooling, it was more urgent to address "how to accommodate his severe social disabilities in a way that would permit

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1023. Richard Novia: "Adam Had Episodes. He Would Completely Withdraw." Edited transcript of an interview conducted on January 27, 2013, PBS, http://www.pbs.org/wgbh/pages/frontline/social-issues/raising-adam-lanza/richard-novia-adam-had-episodes-he-would-completely-withdraw, viewed 7/14/2014.

1024. Hannah Schwarz and Marek Ramilo, Sandy Hook shooter treated at Yale, Yale Daily News, January 22, 2014, http://yaledailynews.com/blog/2014/01/22/sand-hook-shooter-treated-at-yale/, viewed 8/22/2014.

1025. Dr. Robert A. King, http://medicine.yale.edu/childstudy/faculty_people/robert_king.profile, viewed 4/22/2014.

1026. State of Connecticut, Department of Public Safety, Book 8, Document 179815.

1027. Has The Use of Thimerosal in Vaccinations Caused Autism?, http://autism-help.org/thimerosal-vaccination-autism.htm, viewed 4/30/2014.

him to be around peers." King concluded that because of Adam's necessity to create a "prosthetic environment" to accommodate his "severe social disabilities," Nancy was "almost becoming a prisoner in her own house."[1028]

Adam, who appeared to have had no emotions or feelings, would only eat certain foods, specifically arranged on special dishes. He changed his clothes more than once a day and would not allow his mother into his room, with whom he mostly communicated via e-mail as their relationship deteriorated. He did not want to be touched and was intolerant of loud noises. He hated birthdays and holidays and forced his mother to get rid of the cat. He was obsessed with violence and school shootings and had created a very lengthy spreadsheet about mass murders. Though obsessed with violence, he kept it concealed. Mary Ellen O'Toole, a former FBI profiler who wrote a threat perspective after reviewing eighteen school-shooting cases, said the warning signs were there in the Lanza home. "One of the warnings to be aware of is who rules the roost," she said. "And Adam was clearly in charge of the home."[1029]

King referred Nancy Lanza to Kathleen A. Koenig, an advanced practice registered nurse working at the Yale Center for Child Studies. Koenig saw Adam Lanza four times between October 24, 2006, and February 07, 2007, as well as "various email and telephone contacts" with Nancy Lanza, and at the same time, she noted, that he was also being seen by Dr. Fox.[1030] Two of the four pages in the source document 18334 are redacted. Perhaps they are copies of King or Koenig's actual prescriptions. Koenig said Lanza displayed "severe Obsessive-Compulsive Disorder (OCD)."[1031] She knew that Dr. Fox had prescribed Lexapro for Adam.

1028. Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

1029. Robert Miller and Dirk Perrefort, Report: Mother said Adam Lanza had 'no feelings', Stamford Advocate, November 25, 2013, http://www.stamfordadvocate.com/local/article/Report-Mother-said-Adam-Lanza-had-no-feelings-5011614.php, viewed 4/22/2014.

1030. State of Connecticut, Department of Public Safety, Book 7, Document 00017458, 2 of the 5-page report is redacted.

1031. State of Connecticut, Department of Public Safety, Book 7, Document 18334.

Koenig, who had worked at Yale for sixteen years, told state police investigators that she prescribed Celexa for Adam. According to the most recent edition of the Physicians' Desk Reference (PDR), both "medicines contain the exact same active ingredient."[1032] Nancy Lanza called Koenig three days later and reported that her son was unable to raise his arm. According to the PDR, Celexa is known to cause stiff, rigid muscles, and any adverse reactions should be immediately reported. Koenig did not mention that Fox had prescribed Lexapro to the state police, but did record that Nancy Lanza was noncompliant. Lanza's mother never took him back to Yale for follow-up appointments.[1033]

Nancy Lanza advised Koenig that Adam had adverse reactions to two specific psychiatric drugs, Celexa and Lexapro. Koenig provided the information to investigators about Adam's reaction to Celexa but not his reaction to Lexapro. She seemed unconcerned about the drug's adverse reactions and tried to convince his mother that the medication was not the cause. Lanza told Koenig that Adam was "sweating profusely," a side effect of Lexapro. Koenig implied that Celexa was the only drug that Adam took while he was receiving care at the Yale Child Study Center. She never suggested that Nancy Lanza report the adverse reaction to the FDA's MedWatch drug reporting system.[1034]

According to Andrew Solomon's article on March 17, 2014, in *The New Yorker*, *The Reckoning*, within three days, Lanza experienced an adverse reaction to Lexapro so he stopped it. According to Peter Lanza, he never took psychiatric drugs again.[1035] I have been interviewed several times by magazines and newspapers regarding some of my earlier artwork. It never fails—there is always an error. Interviewers either do not record or note something improperly. It is conceivable that Solomon, the

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1032. PDR Staff, The PDR Pocket Guide to Prescription Drugs (Physicians' Desk Reference Pocket Guide to Prescription Drugs), PDR Consumer, Kindle, 2013, Kindle Locations 4202–4203.

1033. Misconduct by Dr. Paul Fox, http://articles.courant.com/2013-12-30/news/hc-paul-fox-misconduct-1230-20131229_1_adam-lanza-female-patient-fox, viewed 5/22/2014.

1034. New Information about Adam Lanza's Mental Health Treatment Reveals Multiple Drugs, March 11, 2014, http://ablechild.org/tag/adam-lanza-medical-records, viewed 4/19/2014.

1035. Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

son of the CEO of Forest Laboratories that makes Celexa, misunderstood Peter Lanza who, according to Solomon, said that Adam never took drugs again.

Presumably, Adam did not take Lexapro or Celexa again in as much as he suffered adverse reactions from those two drugs, which contain the same active ingredient.[1036] That does not mean that he did not take some other drug. In as much as Adam cut off ties with Peter in September 2010, would Peter, who had remarried (to Shelley Cudiner), keep track of Adam's prescription drug usage? Peter's health insurance probably paid for them, but as a busy "workaholic," he may not have kept up with the precise details of his son's medications.

Newtown High School psychologist Michael Ridley conducted a psychological evaluation on Adam Lanza on December 1, 15, and 22, 2006. This seemed to coincide with Lanza's meetings with Koenig between October 24, 2006, and February 07, 2007.[1037] He was also still seeing Dr. Fox but never went back to Yale.[1038] The Planning and Placement Team had referred Lanza to Ridley to assess his learning needs. Typically, school assessments lead to the prescribing of psychiatric drugs. The background information revealed Dr. Fox's diagnosis of Asperger's disorder and what Dr. Fox described as significant social impairments and anxiety. He lacked empathy and had a very rigid thought process. Ridley noted that Adam's high level of anxiety and his OCD all impacted his performance to a significant degree.[1039]

Lanza's pediatric record included "complaints regarding eating difficulties, weight loss, and breathing problems." The doctor prescribed Aquaphor for his over-washed hands and, after 2006, Miralax for constipation. There does not seem to be any indication of "coordination

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1036. PDR Staff, The PDR Pocket Guide to Prescription Drugs (Physicians' Desk Reference Pocket Guide to Prescription Drugs), PDR Consumer, Kindle, 2013, Kindle Locations 4202–4203.

1037. State of Connecticut, Department of Public Safety, Book 7, Document 00017458, 2 of the 5-page report is redacted.

1038. Misconduct by Dr. Paul Fox, http://articles.courant.com/2013-12-30/news/hc-paul-fox-misconduct-1230-20131229_1_adam-lanza-female-patient-fox, viewed 5/22/2014.

1039. State of Connecticut, Department of Public Safety, Book 8, Document 00179889.

of care between the pediatrician and the treating psychiatrist." [1040] His medical records reveal that he had numerous "physical complaints over the years," such as chest pain, extremity pain, ear pain, eye pain, and repetitive sore throats. In February 2008, his well-visit record notes that his diagnosis was, as before, Asperger's and OCD but he "was receiving no meds, and no psych" (meaning therapy). The doctor's record noted that he was "112 pounds and almost 5 feet, 10 inches tall, suggesting possible anorexia." SSRIs, like amphetamines, often decrease the appetite, exhibited by anorexia, a common symptom of brain damage.[1041] A note dated August 2008, mentioned a "history of constipation." After 2006, the record showed that "he was following up with a community psychiatrist." [1042]

The state's medical examiner would later reveal that Lanza was "anorexic (six feet tall and 112 pounds), was malnourished and had "resultant brain damage." His mother had raised concerns about his eating habits previously. In 2008, his pediatrician prescribed Miralax for "ongoing constipation issues," a chronic situation that Dr. Andrew Wakefield noted with autistic children. The medical records do not confirm a diagnosis of anorexia, but suggests the possibility. According to the OCA's office, OCD, anorexia, and autism "are conditions that individually increase the risk of suicide." [1043]

1040. Shooting at Sandy Hook Elementary School, Report of The Office of the Child Advocate, November 21, 2014, p. 45, http://www.ct.gov/oca/lib/oca/sandyhook11212014.pdf, viewed 11/21/2014

1041. Harris L. Coulter, Vaccination, Social Violence, and Criminality, the Medical Assault on the American Brain, North Atlantic Books, Berkeley, California, 1990, pp. 220–221.

1042. Shooting at Sandy Hook Elementary School, Report of The Office of the Child Advocate, November 21, 2014, p. 71, http://www.ct.gov/oca/lib/oca/sandyhook11212014.pdf, viewed 11/21/2014

1043. Shooting at Sandy Hook Elementary School, Report of The Office of the Child Advocate, November 21, 2014, p. 102, http://www.ct.gov/oca/lib/oca/sandyhook11212014.pdf, viewed 11/21/2014

Nancy withdrew her son from Newtown High School when he was sixteen.[1044] He enrolled at Western Connecticut State University, located just over ten miles away in Danbury, where he took seven classes, one of which was website production, an activity that he probably felt comfortable and relatively competent. In the summer of 2008, Adam passed his GED test. While Adam did well academically at the university, attaining a 3.26 GPA, he did not fit in socially any better there than he had in high school and, obviously, he had to change classes. He was also quite a bit younger than the other students were.[1045]

On March 6, 2012, the Department of Public Health received a complaint from the Yale New Haven Hospital assistant general counsel Stuart G. Warner regarding a two-year-long "consensual sexual" relationship between a patient and her treating psychiatrist, the fifty-nine-year-old Dr. Fox who had begun treating the patient, and other students, while he was employed at Western Connecticut State University Counseling Center. He continued to "treat" her at his Brookfield office after the university fired him for ethics violations. Fox had his female patient on "three or four" psychiatric mind-altering drugs as well as doling out free drug samples. The nineteen-year-old girl had also talked with another patient who said that she was having phone sex with Dr. Fox. Did the officials investigating Sandy Hook know about Dr. Fox's firing from the state university for "ethics" violations? When the university discovered his behavior, did the university file a report with the Department of Public Health? On July 13, 2012, Dr. Paul Fox voluntarily surrendered his license to practice in Connecticut and New

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1044. Alaine Griffin and Josh Kovner, Adam Lanza's Medical Records Reveal Growing Anxiety, The Hartford Courant, June 30, 2013, http://articles.courant.com/2013-06-30/news/hc-adam-lanza-pediatric-records-20130629_1_nancy-lanza-adam-lanza-danbury-hospital/3, viewed 5/7/2014.

1045. Matthew Lysiak, Newtown: An American Tragedy, Gallery Books, New York, Kindle, 2013, pp. 51–52.

York while "admitting no guilt or wrongdoing" and waived his right to "seek reinstatement or a new license."[1046]

Dr. Fox, in surrendering his license, avoided public inquiry by the Connecticut Medical Examining Board. Such scrutiny might have produced additional patients who had fallen victim to his sexual advances. Fox and his wife of almost twenty-five years, Faline Schneiderman, divorced in June 2012. He relocated to New Zealand where he works in a child social services program.[1047] It is interesting that Dr. Fox would move to the only other country in the world that allows DTC advertising of psychiatric drugs.

Psychiatrists often call their unethical sexual behavior with a susceptible patient a "sexual relationship" or "crossing the boundaries," even if it takes place while the patient is under the influence of drugs or electroshock treatment. Evidence produced in various countries shows the percentage of psychiatrists who admit to sexually abusing their patients' ranges between 10 and 25 percent. A British study regarding "therapist-patient sexual contact" revealed that 25 percent of the "psychologists reported having treated a patient who had been sexually involved with another therapist." Rather than treat the sexual offense as a crime, professional boards decide how to manage the offense and often label it as "professional misconduct." Some of the therapists actually bill the insurance for a session during which they have had sex with a patient.[1048]

Peter told Andrew Solomon that "Adam was not open to therapy." Peter said, "He did not want to talk about problems and didn't even admit he had Asperger's." Peter and Nancy accepted the Asperger's

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1046. Adam Lanza's Psychiatrist's Ethics Violations Raise Questions About the Legislature's Controversial Mental Health Increases, AbleChild Press Release, May 14, 2014, http://ablechild.org/2014/05/14/adam-lanzas-psychiatrists-ethics-violations-raise-questions-about-the-legislatures-controversial-mental-health-increases, viewed 5/16/2014, see also http://d3no3gvrzfecbz.cloudfront.net/wp-content/uploads/2014/05/FoxRecords.pdf.

1047. Ken Dixon and Wes Duplantier, Lanza's psychiatrist lost license to practice Killer's primary psychiatrist gave up his in face of negligence charges, Stamford Advocate, December 28, 2013, http://www.stamfordadvocate.com/local/article/Lanza-s-psychiatrist-lost-license-to-practice-5099064.php, viewed 8/27/2014.

1048. CCHR, Massive Fraud, Report and Recommendations on the Criminal Mental Health Monopoly, http://www.cchr.org/sites/default/files/CCHR_Pamphlet_Massive_Fraud_1.pdf, viewed 6/10/2014.

diagnosis as it seemed to explain Adam's behavior. Peter said, "If he had been a totally normal adolescent and he was well adjusted and then all of a sudden went into isolation, alarms would go off." Peter told Solomon, "But let's keep in mind that you expect Adam to be weird." Despite their acceptance, Peter and Nancy "sought professional support repeatedly, and none of the doctors they saw detected (the) troubling violence in Adam's disposition." Stephen J. Sedensky, the state's attorney, wrote, "Those mental health professionals who saw him did not see anything that would have predicted his future behavior."[1049] Peter told Solomon, "Here we are near New York, one of the best locations for mental-health care, and nobody saw this."[1050]

According to one report, Nancy Lanza "switched doctors, medications, and schools, and nothing improved Adam's condition enough."[1051] If the Lanzas continued seeking medical intervention for their son, after getting a diagnosis, then who else did they take Adam to see? When Peter Lanza said "Nobody saw this," to which doctor, what person was he referring? We only know of three practitioners as later police reports state that Dr. Paul J. Fox, Dr. Robert A. King, and Kathleen A. Koenig saw Adam Lanza who, as mentioned above, was not open to therapy, meaning talk therapy. If he were not open to therapy, then all that was left, therapeutically, was drug therapy. What other doctor(s), in addition to his pediatrician, did Adam see and what medication(s) did they prescribe?

Over his lifetime, Adam Lanza probably received treatment from many mental health care practitioners, in addition to Dr. Fox. The state police seized Adam's medical records from the Lanza home. Surely, she had some records, insurance forms, prescription receipts, or some

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1049. Report of the State's Attorney for the Judicial District of Danbury on the Shootings at Sandy Hook Elementary School and 36 Yogananda Street, Newtown, Connecticut on December 14, 2012, Office of the State's Attorney Judicial District of Danbury, Stephen J. Sedensky III, State's Attorney p. 7, http://www.ct.gov/csao/lib/csao/Sandy_Hook_Final_Report.pdf, viewed 4/4/2014.

1050. Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

1051. Pamela Engel, Why Extensive Mental Health Treatment Didn't Stop Adam Lanza, Business Insider, March 10, 2014, http://www.businessinsider.com/mental-health-treatment-didnt-stop-adam-lanza-2014-3, viewed 9/1/2014.

indication of the prescriptions her son was taking. While she may not have had complete records, she would have had related records.[1052] Connecticut State Police Lt. J. Paul Vance said that the police found "some good evidence in the house as to why (the shooting) occurred."[1053] What was that evidence—pill bottles, video games, the shooting range in the basement, what?

The Lanzas ultimately finalized their divorce on September 23, 2009, when Adam was seventeen. Peter, as a stipulation of the divorce, purchased a car for Adam, which Nancy registered in her name, but which Peter taught him to drive. It was a black Honda Civic, the car that Lanza would drive to the Sandy Hook Elementary School the morning of December 14, 2012.[1054] Adam cut off all contact with his father, Peter, in September 2010 and, at about the same time, grew estranged from his older brother, Ryan, whom he used to be so close to and who now lived in Hoboken, New Jersey. Adam also withdrew from the rest of his family—uncles, aunts, grandparents, and other family members in New Hampshire. He isolated himself within the confines of his home.

It is illogical that Nancy Lanza would discontinue seeking medical or psychological treatment for her son after she stopped taking him to the Yale Child Study Center. Adam's drug use, mental disorder, and treatment over his lifetime are three questions that the investigators should have immediately asked, especially since the state had already considered adding additional mental health services, which implies expanded accessibility to more psych drugs for a greater number of

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1052. Sheila Matthews, Lanza's Medical Records Too Many Unanswered Questions, January 11, 2014, http://ablechild.org/tag/adam-lanza-medical-records, viewed 4/19/2014.

1053. Christine Pelisek, Details Emerge of Adam Lanza's Life at School and Home, The Daily Beast, December 16, 2012, http://www.thedailybeast.com/articles/2012/12/16/details-emerge-of-adam-lanza-s-life-at-school-and-home.html, viewed 8/26/2014.

1054. Report of the State's Attorney for the Judicial District of Danbury on the Shootings at Sandy Hook Elementary School and 36 Yogananda Street, Newtown, Connecticut on December 14, 2012, Office of the State's Attorney Judicial District of Danbury, Stephen J. Sedensky III, State's Attorney p. 23, http://www.ct.gov/csao/lib/csao/Sandy_Hook_Final_Report.pdf, viewed 4/4/2014.

people, apparently without considering the negative effects that may have factored into Adam Lanza's future actions.[1055]

It is absolutely irresponsible to ignore the influence that psychiatric drugs have in the thousands of individual suicides and the mass shootings that have occurred in the last three decades. Authorities who refuse to investigate psych drugs as a factor are either intensely indoctrinated or are duplicitous with the corporate media and the campaign-fund-seeking congressional cabal in Washington. People on psych drugs can commit terrible, atrocious, evil acts whether they are actively taking these chemical lobotomizing drugs or whether they are withdrawing from them. It is even more evil for those authorities who are aware of the dangers and yet do nothing.

the point

1055. New Information about Adam Lanza's Mental Health Treatment Reveals Multiple Drugs, March 11, 2014, http://ablechild.org/tag/adam-lanza-medical-records, viewed 4/19/2014.

Akathisia, Scraping on the Neurological Chalkboard

Prozac affects the body after one has discontinued its use, causing neurological side effects such as tics and other abnormalities in the involuntary motor system, a large group of nerves in part of the brain. In fact, Prozac only causes some of these effects after the patient has discontinued dosage, which happens with all the SSRIs, including Zoloft, Paxil, and Luvox.[1056]

One of those hazardous SSRI side effects is akathisia, something that medical experts have known about for quite some time. Akathisia frequently incites people to commit suicide or perpetrate violence against others. Drug companies have settled "thousands of lawsuits out of court, by obtaining court orders to seal documents produced in litigation." In 1984, Eli Lilly admitted in a document that akathisia occurred in at least 1 percent of patients. This was almost four years before the FDA approved Prozac.[1057] Lilly was certainly aware of the akathisia issue in 1993 when Teicher, Cole, and Glod published a report, *Antidepressant Drugs and the Emergence of Suicidal Tendencies.*[1058]

In 1989, Dr. Joseph Lipinski headed a group of four Harvard Medical School psychopharmacologists and published an article in the *Journal of*

1056. Joseph Glenmullen, Prozac Backlash, Overcoming the Dangers of Prozac, Zoloft, Paxil, and Other Antidepressants With Safe, Effective Alternatives, Simon & Schuster, http://www.nytimes.com/books/first/g/glenmullen-prozac.html, viewed 5/21/2014.

1057. Evelyn Pringle, SSRI-Induced Akathisia's Link To Suicide and Violence, Lawyers and Settlements, August 18, 2007, http://www.lawyersandsettlements.com/features/drugs-medical/ssri-suicide-akathisia.html#.U6q4LsJOWM8, viewed 6/25/2014.

1058. Martin H. Teicher, Carol A. Glod, Jonathan O. Cole, Antidepressant Drugs and the Emergence of Suicidal Tendencies, Drug Safety, Volume 8, Issue 3, pp. 186-212, http://www.researchgate.net/publication/14745972_Antidepressant_drugs_and_the_emergence_of_suicidal_tendencies, viewed 8/13/2014.

Clinical Psychiatry titled, *Prozac-Induced Akathisia (Agitation): Clinical and Theoretical Implications*, which was one of the first neurological side effects connected to Prozac and other SSRIs. Akathisia, which is severe anxiety and restlessness, may occur within a few days of beginning Prozac.[1059]

Theodore Van Putten first identified akathisia as a behaviorally toxic component of anti-psychosis treatment. "Akathisia may range in intensity from a mild sense of disquiet or anxiety (which may be easily overlooked) to a total inability to sit still, accompanied by overwhelming anxiety, malaise, and severe dysphoria (psychological distress manifesting as an almost indescribable sense of terror and doom)." It is "characterized by a feeling of inner restlessness and a compelling need to be in constant motion. Severe akathisia is defined as an inability to remain still due to a sense of inner restlessness. It is like a foreign force taking over the body and making it move constantly. People who are severely affected by akathisia fidget, are unable to sit or keep still, rock from foot to foot while standing or sitting, lift the feet as if marching on the spot, cross and uncross the legs while sitting, and pace; all of these movements are completely normal and directed at relieving an uncomfortable and severe compulsion to move."[1060]

Akathisia, a syndrome and a very common acute movement complaint, currently refers to a "drug-induced movement disorder." Akathisia produces motor restlessness, typically in the lower extremities, and is often "accompanied by a subjective sense of inner restlessness, an urge to move, and anxiety or dysphoria." Akathisia is usually acute and "dose related." Experts define akathisia that persists for longer than three months as chronic and often occurs following the last dosage change. Some patients experience intensified symptoms associated with drug withdrawal, called "withdrawal akathisia," or with an increased dosage. Even when a patient stops taking an antipsychotic medication, tardive akathisia may persist for an average of 2.7 years. For many doctors, diagnosing akathisia is problematic because most of the medications causing it are those prescribed for the treatment of psychotic agitation.

1059. Joseph Glenmullen, Prozac Backlash, Overcoming the Dangers of Prozac, Zoloft, Paxil, and Other Antidepressants With Safe, Effective Alternatives, Simon & Schuster, http://www.nytimes.com/books/first/g/glenmullen-prozac.html, viewed 5/21/2014.

1060. Akathisia Defined, http://akathisia.info/feed, viewed 8/15/2014.

Thus, doctors mistake akathisia for anxiety or the "worsening of psychotic agitation." Agitation and anxiety go hand in hand with akathisia and "further complicate the differential diagnosis."[1061]

It is a drug-induced reaction that drives some people to walk in place, pace frantically, or seek out "activities that keep them on the move," such as Dance Dance Revolution. Drug companies fail to warn the consumer about it and its association with suicide and violence. The *DSM-IV-TR* and the 1994 edition describe akathisia, a problem often ignored by psychiatrists, as a movement disorder caused by antipsychotic drugs and the SSRI antidepressants. It can also induce psychosis, depression, discontent, indifference, irritability, aggression, mental deterioration, the perfect storm for violence, followed by suicide.[1062]

In February 1996, Dr. Nat Sandler of Lexington, Kentucky, published an article in the *Journal of Clinical Psychiatry* about a doctor who used Prozac to treat a twenty-nine-year-old man for OCD. After being on Prozac for a year, the patient experienced unusual facial movements, mainly around the mouth, including tongue-darting.[1063] Many people develop extraordinary physical abnormalities following withdrawal from Prozac.[1064] One person that I know had been on Prozac for a number of years and then finally weaned herself off the drug. Shortly thereafter, she developed Bell's palsy. Her doctor said that he had no idea why this occurred. It was not until I began doing research for this book that I discovered that it is one of the adverse events that can occur following withdrawal from Prozac. Because she began suffering other adverse withdrawal effects, her family, ignorant of the effects and dangers of psych drugs, convinced that she was exhibiting symptoms of a mental

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1061. Irene M. Bratti, M.D.; John M. Kane, M.D.; Stephen R. Marder, M.D., Chronic Restlessness With Antipsychotics, The American Journal of Psychiatry, Volume 164, No. 11, November 1, 2007, http://ajp.psychiatryonline.org/article.aspx?articleID=99153, viewed 8/15/2014.

1062. Peter R. Breggin, *Brain Disabling Treatments in Psychiatry: Drugs, Electroshock, and the Psychopharmaceutical Complex*, Springer Publishing, New York, Kindle, 2007, pp. 48–51.

1063. Joseph Glenmullen, Prozac Backlash, Overcoming the Dangers of Prozac, Zoloft, Paxil, and Other Antidepressants With Safe, Effective Alternatives, Simon & Schuster, http://www.nytimes.com/books/first/g/glenmullen-prozac.html, viewed 5/21/2014.

1064. Review: could Prozac cause Facial palsy?, http://www.ehealthme.com/ds/prozac/facial+palsy, viewed 8/8/2014.

disorder, persuaded her to see a psychiatrist who immediately prescribed Abilify.

Roger Lane, Pfizer's medical director of the Zoloft Product Strategy Team until 2001, reviewed the possibility of SSRIs inducing extrapyramidal symptoms (EPS) and akathisia. He claimed that these drugs "enhance serotonin neurotransmission." The most commonly repeated account regarding Prozac-induced akathisia involves suicide ideation and behavior, in addition to the agitation, restlessness, and dysphoria. Lane quoted Hamilton and Opler (1992) who wrote, "It may be less of a question of patients experiencing fluoxetine-induced suicidal ideation, than patients feeling that 'death is a welcome result' when the acutely discomforting symptoms of akathisia are experienced on top of already distressing disorders." Hamilton and Opler used the term "suicidal ideation" to describe the suicidality associated with akathisia. They said that the "suicidal ideation" was actually a reaction to the side effect of akathisia and not necessarily the suicidal ideation usually described by suicidal patients.[1065]

According to the *APA Textbook of Psychopharmacology*, a book that promoted Paxil, akathisia is the most common symptom caused by SSRIs.[1066] Dr. Joseph Glenmullen elaborated and suggested three stages of akathisia:

- Mild: Adjust posture, shift weight, cross and uncross legs
- Moderate: Visibly jittery, tap feet, pace
- Severe: Ceaseless pacing, cannot sit or lie still

Dr. Glenmullen states that inner subjective agitation includes the following: abject terror, anxiety, tension, irritability, hostility, paranoia, rage reactions, and violence. As mentioned by Hamilton and Opler and reiterated by Glenmullen, the suicidality of akathisia is distinctly different from the suicidality of depression. The preoccupation with escape from the abject terror, anxiety, and irritability of physical and psychological state of akathisia is different from the preoccupation with the guilt,

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1065. R. M. Lane, SSRI-Induced Extrapyramidal Side-Effects and Akathisia, Implications for Treatment, 1998, http://antidepressantadversereactions.com/articles/lane.php, viewed 8/15/2014.

1066. Schatzberg and Nemeroff (editors), APA Textbook of Psychopharmacology, Second Edition, 1998, p.939, as noted by Dr. Joseph Glenmullen.

self-hatred, and hopelessness of depression. SSRIs present a greater risk of akathisia than other antidepressants.

Glenmullen, the author of *Prozac Backlash, Overcoming the Dangers of Prozac*, mentioned that another issue with the drug is the "neurologically driven agitation," which includes mild leg tapping to severe panic. A patient withdrawing from a drug may suffer from mild to severe muscle spasms, which may create pain and tension in the neck, shoulder, or jaw, or if severe, may "lock body parts in bizarre positions." One may also experience Parkinsonism, which has symptoms like those who have Parkinson's disease. These syndromes, as mentioned, include tics, agitation, muscle spasms, and Parkinsonism, all neurological side effects of the drug.[1067]

Robin Williams, who had recently attended rehab, committed suicide on August 11, 2014. His widow, Susan Schneider, said, "The family hopes that Williams' death will inspire others to find help and support that they need for whatever difficulties they are facing. It is our hope in the wake of Robin's tragic passing that others will find the strength to seek the care and support they need to treat whatever battles they are facing so they may feel less afraid. Robin's sobriety was intact and he was brave as he struggled with his own battles of depression, anxiety as well as early stages of Parkinson's disease, diagnosed in November 2013, which he was not yet ready to share publicly."[1068] On November 7, 2014, the coroner of Marin County officially ruled the death as a suicide. The coroner said that alcohol and illegal drugs were not involved but that prescription drugs were found in "therapeutic concentrations." He had recently been experiencing paranoia.[1069]

The newspapers and TV news said that no alcohol or illegal drugs were found in Williams's system at the time of death. However, the

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1067. Joseph Glenmullen, Prozac Backlash, Overcoming the Dangers of Prozac, Zoloft, Paxil, and Other Antidepressants With Safe, Effective Alternatives, Simon & Schuster, http://www.nytimes.com/books/first/g/glenmullen-prozac.html, viewed 5/21/2014.

1068. Tim Kenneally, Robin Williams had Parkinson's Disease, wife says, August 14, 2014, MSM Entertainment, http://movies.msn.com/movies/article.aspx?news=884317&gt1=28101, viewed 8/15/2014.

1069. Matthew Stucker, Robin Williams' death ruled suicide, CNN Entertainment, November 8, 2014, http://www.cnn.com/2014/11/07/showbiz/robin-williams-autopsy/index.html, viewed 11/9/2014.

coroner's report indicated that Williams had Mirtazapine, (also known as Remeron) in his system. There are ten international warnings about Remeron causing suicidal ideation. A doctor had written Williams a prescription for the antipsychotic Seroquel on August 4, 2014. He was to take one each day. There were eight pills missing when Williams committed suicide on August 11. Presumably, he took one each day. The coroner did not mention finding Seroquel during the autopsy. Seroquel's side effects include psychosis, paranoia, delusions, depersonalization, and suicide ideation.[1070] ABC News on November 11 said that he had some brain affliction.

The media immediately began pushing the phrase "severe depression." People in the early stages of Parkinson's disease usually experience only mild symptoms. At what point did he show signs of Parkinson's? The SSRI class of drugs causes depression, anxiety, and Parkinsonism. Typical treatment for depression usually consists of medication rather than talk therapy. He was in "rehab" in late July where he probably started a new medication or perhaps they added another prescription to an existing medication.

Some people deny that Williams's death was an apparent suicide or suggest that he had serious money problems. His publicist, Mara Buxbaum, said he "had no financial problems" that might have contributed to his apparent suicide. "We should be blessed to have Robin's financial status," she added.[1071] A few people claim that someone murdered him while others claim it was some kind of a conspiratorial hoax. On August 12, Marin County's assistant chief deputy coroner, Lt. Keith Boyd, during a press conference, stated there was no evidence that Williams "had been in a struggle or physical altercation prior to him being located deceased." Boyd said that the official "preliminary investigation indicated that Williams, who entered rehab in July, had recently been treated for depression." According to Boyd, the results

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1070. Kelly Patricia O'Meara, Contrary to News Headlines, Robin Williams Was on Drugs at the Time of His Death—Antidepressant Drugs, CCHR, November 10, 2014, http://www.cchrint.org/2014/11/10/robin-williams-was-on-drugs-at-the-time-of-his-death-antidepressant-drugs/, viewed 11/11/2014.

1071. Tony Maglio, Robin Williams' Rep Knocks Down Reports of Money Troubles, Wrap, August 13, 2014, http://www.thewrap.com/robin-williams-death-reports-of-money-troubles-robin-had-no-financial-problems, viewed 8/15/2014.

of the toxicology tests will not be available for two to six weeks.[1072] Boyd "revealed he had been seeking treatment for depression."[1073] Whether he was or was not on a psychopharmaceutical drug, the media will insist that it was the "severe" depression that compelled Williams to end his life.

Scientists recognized that antipsychotic drugs, such as Risperdal, Zyprexa, Seroquel, Abilify, and Invega, produced akathisia, a disabling and often irreversible and a dangerous adverse reaction associated with suicide and homicide. Knowledge of this was kept well concealed within the psychiatric community.[1074] All SSRIs cause akathisia, a distressing neurological stimulation and agitation. It is significant in many drug-induced suicides. It is worse than "ordinary anxiety and agitation." It is "like being tortured from inside your own body by your own nervous system." The APA states in the *DSM*, "Akathisia may be associated with dysphoria (painful emotions), irritability, aggression, or suicide attempts."

SSRIs commonly cause a stimulant-like effect that can also cause akathisia. Charles M. Beasley, the head of the Prozac clinical trials, did not include this adverse effect in his analysis, even though some of the patients experienced akathisia, a neurological disorder. It exhibits itself in the "inability to sit or stand still," a "dreadful feeling that compels the victim to keep moving in an effort to relieve it." Eli Lilly ignored the advent of akathisia in the clinical trials and listed it as "infrequent" on its Prozac label. In later trials, Eli Lilly conceded that akathisia was incredibly common. Dr. Peter R. Breggin, in Brain-*Disabling Treatments in Psychiatry* stated that the rate of akathisia as a result of taking Prozac is as high as 25 percent.[1075]

Dr. Breggin states that "akathisia is the most common and potentially (the) most dangerous of the adverse neurological effects caused by

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1072. Tim Kenneally, Robin Williams Found in Bedroom 'With a Belt Secured Around His Neck,' Coroner Says, Wrap, August 12, 2014, http://www.thewrap.com/robin-williams-found-in-bedroom-with-a-belt-secured-around-his-neck-coroner-says, viewed 8/15/2014.

1073. Alan Duke, Robin Williams was in early stages of Parkinson's disease, wife reveals, CNN, August 15, 2014, http://www.cnn.com/2014/08/14/showbiz/robin-williams-parkinsons-disease/index.html, viewed 8/15/2014.

1074. David Healy, Let Them Eat Prozac, NYU Press, New York, Kindle, 2004, pp. 14–15.

1075. Peter Breggin, The Antidepressant Fact Book: What Your Doctor Won't Tell You About Prozac, Zoloft, Paxil, Celexa, And Luvox, Da Capo Press, Cambridge, Massachusetts, Kindle, 2009, Locations 937–944.

Prozac." Akathisia affects 15 to 25 percent of Prozac patients. Akathisia creates internal tension and anxiety that causes sufferers to frantically move their bodies. In severe cases, one may wear out the soles of his or her shoes. Prozac-induced akathisia may occur in patients at the rate of between 9.7 percent and 25 percent. Doctors frequently misdiagnose it as nervousness or agitation. Eli Lilly has totally ignored this side effect while psychiatrists are inclined to blame akathisia on the patient's mental illness or agitated depression instead of the drugs.[1076] Although an antidepressant, Prozac may produce stimulant side effects from relatively minor behaviors such as compulsive hand-washing to an obsession with suicide.[1077]

Individuals who experience SSRI-associated akathisia usually visit their primary care physician who, due to lack of specialized training, is unable to recognize the problem. Primary care physicians write about 70 percent of the prescriptions for antidepressants.[1078] Later, experts recognized akathisia as a "hazard of antipsychotic drugs, one associated with suicide and homicide."[1079]

Legally, patients who engage in acts of violence may use akathisia as a "mitigating factor." Dr. Breggin wrote, "In cases of suicide and violence, product liability suits may be brought against drug manufacturers who fail to warn that their products cause akathisia and that akathisia is associated with potentially disastrous consequences." The American Psychiatric Association's (2000) Diagnostic and Statistical Manual of Mental Disorders (*DSM-IV-TR*), as well as the earlier 1994 edition, describe akathisia as "a movement disorder caused by both the antipsychotic drugs and the SSRI antidepressants." Prodrug experts produced a document, the *DSM-IV-TR* that reveals "very high rates for akathisia." It states, "The reported prevalence of akathisia

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1076. Peter R. Breggin, Ginger Ross Breggin, *Talking Back to Prozac: What Doctors Won't Tell You About Prozac and the Newer Antidepressants*, Open Road Media, New York, Kindle, 2014, Locations 1702–1719.

1077. Ibid., Locations 2313–2316.

1078. David Healy, Let Them Eat Prozac, the Unhealthy Relationship between the Pharmaceutical Industry and Depression, New York University Press, New York, Kindle, 2004, p. 15.

1079. Ibid., p. 14.

among individuals receiving neuroleptic medication has varied widely (20%–70%)."[1080]

On December 19, 2012, five days after the slaughter at the Sandy Hook Elementary School, Rachael Van Ness, through a subpoena by the FBI, received copies of psychological and counseling records and assessments pertaining to Adam Lanza. The FBI assisted the Connecticut State Police with the investigation. Van Ness transported the records to Troop A, Southbury, where officials labeled them as Exhibit #00331. They were packaged in five boxes and sealed before being placed into evidence.[1081]

On August 12, 2013, Michael K. Mudry went to Danbury to track the destination that showed on Adam Lanza's GPS—a shopping plaza. He ultimately talked with Joe Andrews, a maintenance and repairman at the Loews Theaters (AMC). When Mudry showed Andrews a photo of Adam Lanza and his mother and asked if he remembered seeing either of them, he replied that he had never seen the shooter but had seen the mother at the theater. Mudry then spoke with Corey Davidson, the supervisor, who said that over the last four years, the shooter was at the theater every weekend. He usually arrived alone at about 6:00 p.m. and left at about 11:00 p.m. He said that the only interaction he had with the shooter was over a token exchange for the game that the shooter played, Dance Dance Revolution. Davidson told of another employee, Darren Price, who had interacted with the shooter.[1082]

On August 15, Detective Downs and Mudry met with Darren Price at the Loews Theater. Price said that the first time that he saw the shooter, whom people referred to as the DDR guy, was in April 2011. Price said the shooter played the game so much that he had to put a token on the machine indicating that he wanted to play. Price asked the shooter his name, but he never responded, which made Price feel awkward. Sometimes, according to Price, the shooter played the game with someone that everyone referred to as DDR Girl and an Asian boy.

1080. Peter R. Breggin, *Brain Disabling Treatments in Psychiatry: Drugs, Electroshock, and the Psychopharmaceutical Complex*, Springer Publishing, New York, Kindle, 2007, pp. 48–51.

1081. State of Connecticut, Department of Public Safety, Investigation Report (DPS-302-E), book 4, document #1, Officer Michael K. Mudry, August 12, 2013, p. 1.

1082. Ibid., p. 1.

Price said that the shooter was at the theater "every Friday thru Sunday, from 2 p.m. to 6 p.m. playing Dance Dance Revolution." Sometime in August 2011, the shooter continued coming to the theater every Friday through Sunday but started playing the game for about eight to ten hours. The last interaction that Price had with the shooter was in August or September 2012.[1083]

Lanza did not go to the theater for about a month during the winter, possibly due to a heavy snowfall. When the shooter came back in February 2012, he was wearing the same clothes as he always did—a gray hoodie and slacks. Price said that he seemed "more anti-social" meaning he no longer played with DDR Girl or the Asian boy. Before the interview, the officer showed Price two photos, and he immediately picked out Adam Lanza but did not recognize Nancy Lanza. Mudry also spoke with Angelo, the Loews store manager, who stated that he had never seen the shooter within the store. Mudry also spoke to Detective Lieutenant Michaels of the Danbury Police Department.[1084]

Dance Dance Revolution (DDR) is a music video game in which the player stands on a platform, watches a video screen, and moves his feet as directed by the video. A home version of the game was seen and photographed in the shooter's home. Officers recovered several videos of him playing DDR from the home. The GPS found in the home reportedly belonged to the shooter. It confirmed that he regularly drove to the above-mentioned theater that had a commercial version of the DDR game in the lobby. In 2011 and up until a month before the shooting, Lanza went to the theater almost every Friday through Sunday and played the game for four to ten hours. Did he play the game to assuage a neurological impairment called akathisia, or was he addicted to the game, or both?

On March 17, 2014, *The New Yorker* published Andrew Solomon's interview of Peter Lanza. Solomon wrote, "He considered hiring a private investigator 'to try to figure out where he was going, so I could bump into him.' If he had, he might have discovered that Adam went regularly to a local movie house to play a game called Dance Dance Revolution, spending up to ten hours at a stretch listening to music and trying to keep

1083. Ibid., p. 2.
1084. Ibid., pp. 2–3.

up with complex dance moves on an illuminated platform. He was still doing so a month before the shootings."[1085]

Based on that interview, a "researcher," phoned the Lowes Theater in Danbury to ascertain whether Lanza played Dance Dance Revolution in their arcade section. She recorded the conversation, and it is available online. The manager told her that no one was supposed to talk about anything relating to Sandy Hook and referred her to the corporate office.[1086] Given corporate cronyism where many firms share board members and the potential legal liabilities of the corporate drug industry regarding akathisia, it is not surprising that corporate officers would tell their workers to conceal the details of Adam Lanza at their theater. The "researcher," a person who claims that Sandy Hook did not happen, attempts to imply that, in addition to the Newtown residents, even residents of Danbury were somehow in on a major government hoax.

Loews Cineplex Entertainment Corporation was one of the world's largest theater companies in revenues and operating cash flow, with 2,448 screens in 262 locations primarily in major cities throughout the country, Canada, and Europe. Loews Cineplex operates theaters under the names Loews, Cineplex Odeon, and Star Theatres. On January 25, 2006, AMC Entertainment Inc. and Loews Cineplex Entertainment Corporation completed a merger and would now be called AMC Entertainment Inc., with headquarters in Kansas City, Missouri. The company then had approximately 415 theaters with 5,672 screens in twenty-nine states and the District of Columbia and eleven countries outside of the United States.

The Carlyle Group, one of the new company's shareholders, posted the following data on its website because of the merger; the existing shareholders would hold about 60 percent of the outstanding capital stock of Marquee Holdings Inc., and the former shareholders of Loews Cineplex Entertainment Corporation would hold approximately 40 percent. The significant shareholders include the following: affiliates of Apollo Management, L.P. (approximately 21 percent); affiliates of J.P. Morgan Partners, LLC (approximately 21 percent); affiliates of Bain

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1085. Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

1086. My recorded phone call to Movie Theater in Danbury Ct. regarding Adam Lanza, https://www.youtube.com/watch?v=1FPluP5V1oM, viewed 6/24/2014.

Capital, LLC (approximately 15 percent); affiliates of the Carlyle Group (approximately 15 percent); affiliates of Spectrum Equity Investors (approximately 10 percent); and other co-investors and members of management (approximately 18 percent).[1087]

Bain Capital, cofounded in 1984 by Mitt Romney, has invested in or acquired hundreds of companies including AMC Theatres, Aspen Education Group, Brookstone, Burger King, Burlington Coat Factory, Clear Channel Communications, Domino's Pizza, DoubleClick, Hospital Corporation of America (HCA), Warner Music Group, The Weather Channel, and other companies. Bain Capital, consisting of about 400 professionals with experience in consulting, operations, or finance, is headquartered in Boston, Massachusetts, with offices in other large cities. Clear Channel currently owns 850 AM and FM radio stations in the United States, making it the nation's largest owner of such properties. The company leases two channels on both Sirius and XM Satellite Radio. Clear Channel has connections with Alex Jones and also owns Premier Network, which broadcast shows for Glenn Beck, Hannity, and Limbaugh.

1087. AMC Entertainment Inc. and Loews Cineplex Entertainment Corporation Complete Merger, http://www.carlyle.com/news-room/news-release-archive/amc-entertainment-inc-and-loews-cineplex-entertainment-corporation-complet, viewed 6/24/2014.

Lanza's Descent into Mania

Mania is a common form of extreme or exaggerated reaction to the drugs, a potentially psychotic condition of intense mental and emotional excitement. It is often "accompanied by feelings of godlike power, invulnerability, racing thoughts, unrealistic elaborate plans, and violence." SSRIs can cause stimulation in the form of insomnia, anxiety, agitation, and nervousness. When a person stops taking SSRIs, he or she often suffers "distressing withdrawal," similar to the amphetamines and cocaine withdrawal but "much more difficult." It causes the person to feel omnipotent, aggressive, and self-important. Patients often blame others for his or her problems.[1088]

Two excellent researchers, C. W. Wade and Reed Coleman, who are *not* collecting money so that they can "find the truth," have created informative websites that supply many of the details surrounding the last years and months of Adam Lanza's life. Please visit and study those websites as provided in the footnotes.[1089] Matthew Lysiak has written a very poignant, revealing account of the events that occurred at Sandy Hook Elementary School in his book, *Newtown: An American Tragedy*, which I highly recommend. I shed many tears while reading his account; it must have been difficult to write, something that I would certainly not be capable of managing. Even thinking about the horrific tragedy that occurred on December 14, 2012, brings me to tears, as I am sure it does many others.

1088. Peter Breggin, The Antidepressant Fact Book: What Your Doctor Won't Tell You About Prozac, Zoloft, Paxil, Celexa, And Luvox, Da Capo Press, Cambridge, Massachusetts, Kindle, 2009, Locations 750–751, 775–778, 764–767, 1367–1369.

1089. Sandy Hook Lighthouse, Reed Coleman, http://sandyhooklighthouse.wordpress.com; The deadliest Minute, C. W. Wade, http://sandyhookfacts.com.

Ryan Kraft, a former neighbor and occasional sitter for Nancy Lanza, said regarding Adam Lanza's prescriptive drug use, "I know there was something administered. I'm not sure what."[1090] Kraft and Nancy Lanza talked about Adam's tantrums that he apparently engaged in by age ten and possibly before. At the same time, he was boisterous, rambunctious, and very talkative. This is indicative of mood swings as he also could be very quiet, focused, and withdrawn. Louise Tambascio, co-owner with husband Mark of *My Place* in Newtown, indicated that Lanza had been on psychiatric drugs. She said on *60 Minutes*, "I know he was on medication and everything . . . I knew he was on medication, but that's all I know."[1091] The police questioned Ryan Lanza who told police that he hadn't spoken to him in more than a year. When they asked him why, Ryan said Adam is "sick" and "doesn't talk to anyone." They then asked, "Do you have any idea why he did this?" Ryan responded, "No. I don't know him anymore."[1092]

Peter Lanza told the police that Adam "loved being a kid." However, by age eleven, he had noticed a change in his son's disposition and anxiety level.[1093] By late 2005, when he was thirteen, he stopped riding his bike, hiking, and the other outdoor activities that he had previously enjoyed with his brother and father. In September 2005, his mother took Adam to the ER at Danbury Hospital as he had been "experiencing anxiety for several days." In the seventh grade, before going to St. Rose of Lima, Adam earned nearly straight As at Newtown Middle School. He

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1090. Connecticut Shooting: Long-shot DNA tests ordered on Lanza, psych med questions ignored, http://www.cchrint.org/2013/01/04/lanza-psych-med-questions-ignored, viewed 4/20/2014.

1091. Friends: Newtown Gunman's Mother Home-Schooled Son, Kept Arsenal Of Guns, December 16, 2012, http://newyork.cbslocal.com/2012/12/16/friends-newtown-gunmans-mother-home-schooled-son-kept-arsenal-of-guns, viewed 5/17/2014.

1092. Pamela Engel, New Details Revealed About Ryan Lanza's Interrogation After The Sandy Hook Massacre, December 7, 2013, http://www.businessinsider.com/ryan-lanzas-interrogation-in-matthew-lysiak-book-2013-12, viewed 1/19/2014.

1093. Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

exhibited a "positive attitude" and even got an A in gym class. He enjoyed band where he played the saxophone.[1094]

In middle school, there was less structure and more "sensory overload," which reportedly affected his ability to concentrate, and there was more disruption in the changing of classrooms as students changed classrooms according to the subject being taught. After a while, he gave up playing the saxophone, "stopped climbing trees, avoided eye contact, and developed a stiff, lumbering gait." He then announced that he "hated birthdays and holidays, which he had previously loved." He experienced "panic attacks," which regularly brought his mother to school to offer reassurance and provide intervention. Peter and Shelley Lanza suspect that Adam deliberately shut them out to hide his psychological decay. Peter said, "I didn't understand that Adam was drifting away."[1095]

In as much as Adam was not open to talk therapy, like many people of his age, his family doctor or pediatrician may have prescribed psychiatric drugs. He was shy and withdrawn, so understandably, he would be reluctant or absolutely refuse to discuss his feelings or behavior with a relative stranger. If he required his mother's intervention at school with people that he saw on a daily basis, then certainly he would reject talk therapy. Nancy told a friend that months before, Adam was deliberately burning himself with a lighter. Perhaps a family doctor or pediatrician prescribed antipsychotics to stop his self-destructive behavior. People often try to avoid the stigma of seeing a psychiatrist versus a family doctor with a prescription pad.[1096]

Psychiatrists often diagnose children with coexisting conditions, such as ADHD, bipolar disorder, OCD, social anxiety disorder (SAD), and

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1094. Alaine Griffin and Josh Kovner, Adam Lanza's Medical Records Reveal Growing Anxiety, The Hartford Courant, June 30, 2013, http://articles.courant.com/2013-06-30/news/hc-adam-lanza-pediatric-records-20130629_1_nancy-lanza-adam-lanza-danbury-hospital/3, viewed 5/7/2014.

1095. Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

1096. Emma Bragdon, The Connection Between Psychiatric Medications & Violence: Rooting Out the Causes of the Newtown Massacre, Elephant Journal, December 22, 2012, http://www.elephantjournal.com/2012/12/the-connection-between-psychiatric-medications-and-violence-rooting-out-the-causes-of-the-newtown-massacre-emma-bragdon, viewed 4/20/2014.

depression. Doctors also prescribe additional prescriptions to treat the side effects of the other drugs. The majority of psychiatrists do not offer talk therapy but instead rely completely on drug therapy, which is more financially rewarding and compatible with the *DSM*'s recommendations as well as the Standard of Care. Doctors commonly treat patients, even children, with SSRIs, psychotropic drugs that have been linked with violent outbursts.

Adam, almost weekly, experienced "episodes that sent him into complete withdrawal. Loud noises, bright lights, or any sudden change or excitement could send him into a nonresponsive state."[1097] Adam, who some said was brilliant, preferred total isolation in the darkened control room that Richard Novia had set up for video productions.[1098] He withdrew from family and friends and isolated himself. He covered the windows in his room with black plastic to keep out the light. People taking Prozac often experience photophobia.

Del Shannon experienced light sensitivity prior to his suicide, after taking Prozac for less than a week. Adam's parents described his physical, as well as his social, awkwardness. Peter Lanza, during his interview with Solomon, said, "It was crystal clear something was wrong. The social awkwardness, the uncomfortable anxiety, unable to sleep, stress, unable to concentrate, having a hard time learning, the awkward walk, reduced eye contact. You could see the changes occurring."[1099] In the fall of 2007, Lanza began his sophomore year at Newtown High School but did not complete the year.[1100] At the end of what would be his sophomore year, in the spring of 2008, due to his increasing interest, he joined his mother in target shooting. She was just happy for the opportunity to participate with Adam and bring him out of his isolation, about which she was very

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1097. Matthew Lysiak, Newtown: An American Tragedy, Gallery Books, New York, Kindle, 2013, pp. 43–46.

1098. Richard Novia: "Adam Had Episodes. He Would Completely Withdraw." Edited transcript of an interview conducted on January 27, 2013, PBS, http://www.pbs.org/wgbh/pages/frontline/social-issues/raising-adam-lanza/richard-novia-adam-had-episodes-he-would-completely-withdraw, viewed 7/14/2014.

1099. Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

1100. Reed Coleman, Adam Lanza: Timeline, http://schoolshooters.info/adam-lanza, viewed 11/13/101.

concerned. Dan Holmes, her former landscaper, recalled, "She'd take him to the range a lot. It was a way they could bond with each other. Nancy was an enthusiast, and she wanted to pass her passion along to her kids."[1101]

In 2008, when Adam turned sixteen, he was occasionally attending school. Nancy kept in e-mail contact with Peter and described Adam's "escalating misery." She wrote, "He had a horrible night. . . . He cried in the bathroom for 45 minutes and missed his first class." Two weeks later, she wrote, "I am hoping that he pulls together in time for school this afternoon, but it is doubtful. He has been sitting with his head to one side for over an hour doing nothing." Later that year: "Adam had a rough night. He moved EVERYTHING out of his room last night. He only kept his bed and wardrobe cabinet."[1102]

Adam enrolled at Western Connecticut State University to obtain high school credit but found that it was a struggle. Nancy wrote to Peter about one day, saying, "He wouldn't speak on the way home and had his hood completely covering his face. He went straight to his room and won't eat. I gave him time alone to compose and have tried to speak to him twice now, but he just keeps saying, 'It does not matter' and 'leave me' 'I don't want to speak of it.'" Two months later, Nancy recorded his despair when faced with some coursework in German, "He finally and tearfully said that he can't complete the German. He can't understand it. He has spent hours on the worksheets and can't comprehend them."[1103]

During 2009, "Adam continued his private obsession with killing. He started editing Wikipedia entries on various well-known mass murderers and seems to have been eerily well informed." Nancy wrote to Peter that Adam, though not showing "outward signs of violent tendencies," was becoming "ever harder to deal with." He sometimes closed his door when Nancy was attempting to talk with him. Throughout school, Adam had always done well, both in class and when he was "homebound," for

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1101. Matthew Lysiak, Newtown: An American Tragedy, Gallery Books, New York, Kindle, 2013, pp. 47–48.

1102. Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

1103. Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

children who are "too disabled" to attend school. [1104] Now, "schoolwork often triggered a sense of hopelessness." Nancy reports that "he was exhausted and lethargic all day, and said he was unable to concentrate and his homework isn't done." She told Peter, "He is on the verge of tears over not having his journal entries ready to pass in. He said he tried to concentrate and couldn't and has been wondering why he is 'such a loser' and if there is anything he can do about it."[1105] Prozac, and presumably other SSRIs, can affect memory function and cause cloudy thinking, along with other side effects that he was experiencing.[1106]

Nancy found a tutor for Adam, but she wrote to Peter, "Even ten minutes before we should leave he was getting ready to go, but then had a meltdown and began to cry and couldn't go." Nancy spent hours attempting to console Adam and to help him succeed. In early 2010, Nancy told Peter that Adam had been crying hysterically on the bathroom floor. Peter responded, "Adam needs to communicate the source of his sorrow. We have less than three months to help him before he is 18. I am convinced that when he turns 18 he will either try to enlist or just leave the house to become homeless." Nancy replied, "I just spent 2 hours sitting outside his door, talking to him about why he is so upset. He failed every single test during that class, yet he thought he knew the material." She later found that "Adam had been pretending to go to classes and passing his time in the library."[1107]

On December 11, 2011, using the name "Greg," Adam Lanza, very articulate and seemingly logical, called into John Zerzan's Oregon college radio show, Anarchy Radio, to talk about Travis, a pet chimpanzee who belonged to a woman in Connecticut by the name of Charla Nash who inexplicably gave Travis Xanax. Lanza told Zerzan, who thought that the caller's voice "seemed kind of robotic," that Travis was not a terrible

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1104. Shooting at Sandy Hook Elementary School, Report of The Office of the Child Advocate, November 21, 2014, p. 7, http://www.ct.gov/oca/lib/oca/sandyhook11212014.pdf, viewed 11/21/2014

1105. Ibid.

1106. Peter Breggin, The Antidepressant Fact Book: What Your Doctor Won't Tell You About Prozac, Zoloft, Paxil, Celexa, And Luvox, Da Capo Press, Cambridge, Massachusetts, Kindle, 2009, Locations 1223–1224.

1107. Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

monster.[1108] [1109] Xanax is addictive. It causes aggression, violence, is a suicide risk, and causes rage and hostility.[1110]

Lanza/Greg went on to say that he did not really act but that rather civilization did to Travis what civilization does to the human child. Some little thing happened that Travis viewed as the last straw. Lanza/Greg compared Travis to a teenage mall shooter. Although Lanza disguised his voice, a couple of people recognized the caller as Lanza who seemed to identify with Travis. He said, "His attack can be seen entirely parallel to the attacks and random acts of violence that you bring up on your show every week, committed by humans, which the mainstream also has no explanation." The police investigating the Sandy Hook shootings did not confirm that Lanza made the phone call, but the record of Internet forum comments that they recovered "strongly suggest" that it was.[1111]

Kyle Kromberg, a twenty-one-year-old who associated with Lanza in a Latin class from his freshman to junior year at Newtown High School, recognized his voice instantly. Kromberg said, "It's him, I talked to him every day for about an hour each day from freshman to junior year, so I know his voice. He's a very soft-spoken kid, but very articulate." Lanza, using the name Smiggles, joined the Internet site *Shocked Beyond Belief*, a forum on which participants talked about and were apparently fascinated

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1108. Matthew Lysiak, Joe Kemp, Corky Siemaszko, Adam Lanza Calls in Radio Station a Year before Sandy Hook and gives bizarre Interview, New York Daily News, January 15, 2014, http://www.nydailynews.com/news/national/exclusive-lanza-twisted-call-radio-station-article-1.1580984#ixzz2qW0vqRpm, viewed 8/22/2014.

1109. Sandy Hook Lighthouse, full transcript of the telephone call, http://sandyhooklighthouse.wordpress.com/full-transcript-of-adam-lanzas-2011-radio-appearance/, viewed 8/23/2014.

1110. Xanax Side Effects, http://www.cchrint.org/psychiatric-drugs/antianxietysideeffects/xanaxsideeffects/, viewed 8/27/2014.

1111. Adam Lanza speaks from beyond the grave: Listen to killer's call to radio station where he compares chimp that ripped woman's face off to 'a teenage mall shooter,' Daily Mail, January 16, 2014, http://www.dailymail.co.uk/news/article-2540411/Adam-Lanza-speaks-Killer-compares-chimp-ripped-womans-face-teenage-mall-shooter-newly-revealed-recording-year-Newtown-massacre.html, viewed 8/22/2014.

by mass murder. On December 10, participants were talking about the things that were transpiring on John Zerzan's radio program.[1112]

Before calling into the show, Lanza/Smiggles wrote, regarding John Zerzan, "I'm really surprised that I haven't been able to find anything he's written or said about the incident, considering how often he brings up random acts of violence." Lanza/Smiggles wrote, "It seems like Travis would be a poster-chimp of his philosophy." The day after Lanza/Greg called into the radio show, Lanza/Smiggles posted this appraisal: "It didn't go as horribly as I anticipated. I wish that I hadn't spoken nonstop about Travis for so long, but I didn't want to seem crazy by randomly bringing up a chimpanzee for unknown reasons."[1113]

On December 20, 2011, there was an exchange between Smiggles and two other posters, Gluth and Ivan. Lanza/Smiggles said, "Literature is simply another coping mechanism for children who've been mindfucked by culturapists. They're carried to other worlds in the stream of semen." Gluth suggested that Lanza/Smiggles was a pedophile.[1114] While Lanza/Smiggles did not deny the charge, yet given that it was within a week of the radio show conversation, I do not think that his sexual orientation, whatever it might have been, had anything to do with his slaughter of children at a school, as some have suggested. I view the Internet exchange as possibly his way of expressing anger at the way that he thought that children were viewed or acted upon, much the same way that he may have thought that Nash viewed Travis, as an object rather than as a being of value who was out of its natural environment. Perhaps Lanza felt out of place without realizing the source of his anguish but could only feel resentment at those closest to him, maybe the same reason that Travis attacked Nash's friend.

1112. Matthew Lysiak, Joe Kemp, Corky Siemaszko, Adam Lanza Calls in Radio Station a Year before Sandy Hook and gives bizarre Interview, New York Daily News, January 15, 2014, http://www.nydailynews.com/news/national/exclusive-lanza-twisted-call-radio-station-article-1.1580984#ixzz2qW0vqRpm, viewed 8/22/2014.

1113. Ibid.

1114. Michael Daly, With Radio Call, Adam Lanza's Disturbing 'Smiggles' Trail, US News, January 17, 2014, http://www.thedailybeast.com/articles/2014/01/17/with-radio-call-adam-lanza-s-disturbing-smiggles-trail.html, viewed 8/23/2014.

On December 29, 2011, Lanza/Smiggles registered an account at the Super Columbine Massacre RPG Discussion Forum where he posted 353 messages.[1115] As noted by Reed Coleman of Sandy Hook Light House, Lanza posted his no-longer-available "comprehensive list of mass murderers and their attributes there on March 14, 2010."[1116] A Yogananda Digital Evidence Report (A211) lists Smiggles as Lanza's screen name at a website, Shocked Beyond Belief that he registered on December 30, 2009, and thereafter posted 296 times over a two-year period.[1117]

Nancy Lanza, who had always been very outgoing and social, began taking trips in January 2012 when she went to London. She evidently felt comfortable enough leaving Adam, who had his computer and his games. She had certainly spent many years focusing on the two boys, especially Adam, and felt that she needed time for herself. She also considered relocating to Washington, an area that appeared to have more opportunities for Adam. She had stopped interacting as much with the neighbors. The Lanza home, isolated in a wooded area, became even more private and secluded.[1118] By 2012, no matter how much she attempted to get Adam to interact with others, he withdrew even further into "self-imposed" isolation and away from reality. He replaced visits to the shooting range with video games.[1119]

Nancy Lanza had previously taken her withdrawn son him to a local Newtown salon to get his haircut. In an interview shortly after the shootings, employees, including Bob Skuba, thought that the family had moved away as he stopped coming in a few years ago. Stylist Diane Harty said that cutting his hair "was a very long half an hour. It was a very uncomfortable situation." Harty said that she never heard his voice. Another stylist, Jessica Phillips said that Nancy Lanza "would

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1115. Super Columbine Massacre RPG Discussion Forum, http://web.archive.org/web/20120712004227/http://www.columbinegame.com/discuss/profile.php?mode=viewprofile&u=11730, viewed 8/23/2014.

1116. http://web.archive.org/web/20100329010952/http://columbinegame.com/discuss/viewforum.php?f=9&sid=342b06e54fc359c0a575ee039eba2f9e, viewed 8/23/2014.

1117. Index of all the Sandy Hook shooter's posts to Shocked Beyond Belief, June 6, 2014, http://sandyhooklighthouse.wordpress.com/2014/06/06/index-of-all-the-sandy-hook-shooters-posts-to-shocked-beyond-belief/, viewed 6/20/2014.

1118. Matthew Lysiak, Newtown: An American Tragedy, Gallery Books, New York, Kindle, 2013, pp. 66–67.

1119. Ibid, pp. 63–64.

give her son directions about what to do and where to go." He moved only "when his mother told him to," Skuba said. He would not leave the chair following his haircut until his mother told him to. Nancy Lanza answered any questions that a stylist addressed to Adam. Skuba said, "He would just be looking down at the tiles . . . the whole time."[1120]

In August/September 2012, Nancy told Peter that Adam could not see him, citing that Adam has had a "bad summer" and admitted he was a shut-in. Nancy Lanza told a friend the week before the shootings that he was "getting worse" and that "she was losing him."[1121] After years of dealing with Adam's temper tantrums, she was used to them but they were getting worse. She told Dennis Durant, a friend, that she was concerned about his obsession with violent video games. He played for hours and looked "zoned out" when she happened to see him playing, which was rare as he isolated himself in his "compound." She said the whole image was very disturbing. She told Durant, "He's like a zombie in front of the screen," which Nancy found surprising because he was usually very restless. He often played video games, mostly about warfare, into the small hours of the night and slept most of the day. Nancy was discouraged. She attempted to learn about his condition, had switched doctors, medications, and schools, and she thought she had no more options. She told Durant, "It's as if he's stuck so far deep down inside himself that he has lost touch with the world. I'm worried I've lost him."[1122]

Nancy told Durant that Adam's obsession with violence coincided with his increasing abhorrence for affection. Unlike previously, although he disliked people touching him, he had never recoiled from his mother's embrace. Although she respected his privacy, she decided to look through some of his belongings in his bedroom and was aghast at the subject

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1120. Associate Press, Hairstylists at salon frequented by massacre gunman and mother say Adam Lanza never spoke, December 19, 2012, http://www.foxnews.com/us/2012/12/19/hairstylists-at-salon-frequented-by-massacre-gunman-and-mother-say-adam-lanza, viewed 6/26/2014.

1121. Adam Martin, Asperger's Is a Red Herring to Explain the Newtown Massacre, New York Magazine, December 16, 2012, http://nymag.com/daily/intelligencer/2012/12/aspergers-is-a-red-herring-to-explain-newtown.html, viewed 4/20/2013.

1122. Matthew Lysiak, Newtown: An American Tragedy, Gallery Books, New York, Kindle, 2013, pp. 68–69.

matter of numerous drawings that she found. There were pictures of guns, images of death, mutilated corpses, including those of young children whose faces were brutally mutilated. There was a self-portrait of a younger Adam with blood gushing from a wound in his forehead. Apparently, Adam Lanza had apparently considered suicide (suicide ideation) years before he actually carried it out. He printed computer images depicting death, which he kept in a manila folder. Regarding one image of a naked woman, Nancy said, "It gives me the chills to even think about it." Nancy did not want to admit to Adam that she had been snooping in his room so she opted not to talk to him about the images as she thought it would destroy whatever trust he had in her.[1123]

On October 6, 2012, Nancy e-mailed a relative about her plans to downsize her home. She spent Thanksgiving 2012 with family in northern New England, allowing Adam to remain at home. He had no interest in seeing relatives, even if it was the holidays. She also planned on being away from Newtown for Christmas. She assured a friend that as long as Adam had his computer and video games, he "can keep himself occupied." In the second week of December 2012, Nancy went to My Place Pizza & Restaurant where she met a friend, Dennis Durant, with whom she visited, as they had two or three times a week. She told Durant, "I don't know what else I can do for him. I'm running out of answers." She said that Adam kept getting sicker and had been acting more violent, especially when she mentioned future plans.[1124]

Nancy told her friend Marvin LaFontaine that Adam had a genetic condition like hers. She said that doctors had no "explanation for the autoimmune disorder" that she claimed killed her grandfather in just six weeks. She said that doctors found lesions on her brain in 1999.[1125] In 1985, the Medical Research Council of England published a study in the *Archives of Toxicology*, in which it compared the toxicology of ethyl and

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1123. Ibid., pp. 68–69.

1124. Ibid., pp. 68–69.

1125. E-mails reportedly show history of illness in Adam Lanza's family, Fox News, April 8, 2013, http://www.foxnews.com/us/2013/04/08/emails-reportedly-show-history-illness-in-adam-lanza-family, viewed 7/14/2014.

methylmercury (thimerosal), which, used for years in vaccines, causes abnormalities such as focal lesions in adult brain tissue.[1126]

In November 2012, Nancy admitted to a friend that Adam's "troubles were deeper than just genetics." Two weeks before the shootings, Nancy told him about the pictures she found in her son's room featuring dead bodies. She told him, "One (drawing) had a woman clutching a religious item, like rosary beads, and holding a child, and she was getting all shot up in the back with blood flying everywhere," Lafontaine said. "Nancy was disturbed, really disturbed, but didn't confront him . . . She wanted to think it over."[1127]

On December 10, 2012, Nancy Lanza text-messaged a friend regarding her trip to New Hampshire. She wrote, "I was off to a rough start. Poor Adam bumped his head (really badly) and we were dealing with blood at 6:30 in the morning. (He is ok . . . it looked worse than it actually is."[1128] Was this injury the result of one of one of Adam's tantrums?

A few months before the shootings, Lanza isolated himself in his bedroom with his windows covered with black plastic bags to keep out the light. According to some reports, he, like many other people his age, spent a lot of time playing violent video games in which he shot people. As previously mentioned, he discontinued his relationship with his father and after Christmas 2010 with his brother; and ultimately, he withdrew from his mother as well.[1129]

While we know comparatively little about Adam Lanza, reports indicate that he had several articles about Anders Breivik. The *Hartford*

1126. Dan Burton, Mercury in Medicine Report, The House of Representatives Tuesday, May 20, 2003, http://www.aapsonline.org/vaccines/mercinmed.pdf, viewed 7/30/2014.

1127. E-mails reportedly show history of illness in Adam Lanza's family, Fox News, April 8, 2013, http://www.foxnews.com/us/2013/04/08/emails-reportedly-show-history-illness-in-adam-lanza-family, viewed 7/14/2014.

1128. Timeline: Adam Lanza's Life and Online Activity, September 7, 2013, http://sandyhooklighthouse.wordpress.com/2013/09/07/timeline-adam-lanzas-life-and-online-activity, viewed 5/5/2014.

1129. Matthew Lysiak, We can no longer allow sick individuals like Adam Lanza to go on untreated, The Guardian, December 14, 2013, http://www.theguardian.com/commentisfree/2013/dec/14/newtown-adam-lanza-mental-illness-america, viewed 7/14/2014.

Courant said, "The theory is based in part on several news articles about Breivik" found in Lanza's room, which is a big leap to "obsessed."[1130] On February 19, 2013, two journalists with *CBS News* reported that law enforcement sources said that "Adam Lanza was motivated by violent video games and a strong desire to kill more people than another infamous mass murderer. Sources say Lanza saw himself as being in direct competition with Breivik, a Norwegian man who killed 77 people in July 2011." Since Lanza did not leave a note, was not politically motivated as Breivik was, it is sheer speculation on the part of whoever made this claim. While reportedly there were news stories about Breivik in his room, we do not know what Lanza thought about in relation to those stories.[1131]

Lanza had compiled a spreadsheet, a "score sheet," of these mass murders, which some surmise was to put his name at the "very top of that list." He may have chosen "an elementary school because he felt it was a point of least resistance, where he could rack up the greatest number of kills. That's what (the Connecticut police) believe."[1132] The *Stamford Advocate* reported that officials discovered documents on "virtually every mass murder" in America and elsewhere.[1133]

Officials found numerous video games in the basement of Lanza's home, along with a home version of Dance Dance Revolution. "Sources say Lanza spent countless hours there alone, in a private gaming room with the windows blacked out, honing his computer shooting skills." In response to claims of the *CBS* reporters, Lt. J. Paul Vance of the Connecticut State Police told *CBS News* they had not completed the investigation concerning Lanza's motive and "therefore any statements

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1130. Dashiell Bennett, Was the Newtown Shooter Trying to Outdo Norway's Massacre? February 19, 2013, The Wire, http://www.thewire.com/national/2013/02/was-newtown-shooter-trying-mimic-norways-massacre/62272, viewed 7/14/2014.

1131. Bob Orr, Pat Milton, Newtown Shooter Motivated by Norway Massacre, Sources Say, February 19, 2013, http://www.cbsnews.com/news/newtown-shooter-motivated-by-norway-massacre-sources-say, viewed 7/14/2014.

1132. Doug Stanglin, USA Today, Report: Conn. shooter kept mass-murder 'score sheet,' March 18, 2013, http://www.usatoday.com/story/news/nation/2013/03/18/newtown-sandy-hook-adam-lanza-massacre-school/1996455/, viewed 8/23/2014.

1133. Ibid.

about the shooter's intent are mere speculation."[1134] Lanza destroyed the hard drive of his computer, but not an external hard drive on which he backed up some of the data from his regular computer.

Psychologists define desensitization as the diminished emotional responsiveness to negative or aversive stimulus following repetitive exposure to it. Hollywood's "militarization of entertainment" and the "commercialization of war" are not new. Oyang Teng wrote, "Today's trigger-happy gamer has the choice of hundreds of similar titles plying virtual violence as entertainment—and as training." We have an inherent human aversion to killing, which the video game industry can deactivate. The Defense Department's Advanced Research Projects Agency (DARPA) sponsored some of the computer-related research and gave war gaming a new meaning with unmanned planes and other automated battlefield activities. Teng wrote, "The commercial logic of using video games for training is reflected in growing profits for game companies, while the military logic of relying on recruits primed on violent games coheres with the new emphasis on lethality."[1135]

The kill rate between World War II and the Vietnam War increased from 15 to 20 percent to over 95 percent, respectively. Soldiers were more accustomed to shooting people because of their training—shooting at humanlike targets produced an automatic reflex, a kind of stimulus response that developers adopted and honed into video games. These games are part of the entertainment selection at American military bases.[1136] Mothers of an earlier generation often resisted purchasing toy guns for their male children. Today's technocratic youth, evidently with a lot of unsupervised free time, spend time war-gaming without any thought about personal or societal consequences.

Less than a week before the Sandy Hook shootings, Nancy Lanza said that "she was losing him" and that "he was getting worse." She told a friend who said, "She just looked down at the glass and said, 'I don't know. I'm worried I'm losing him . . . she said it was getting

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1134. Bob Orr, Pat Milton, Newtown Shooter Motivated by Norway Massacre, Sources Say, February 19, 2013, http://www.cbsnews.com/news/newtown-shooter-motivated-by-norway-massacre-sources-say, viewed 7/14/2014.

1135. Oyang Teng, Video Games and the Wars of the Future, The Noösphere vs. the Blogosphere, Is the Devil in your Laptop?, pp. 43–45, also here: http://lovescapenovels.rolf-witzsche.com/terminator_games7.html, viewed 7/14/2014.

1136. Ibid.

worse. She was having trouble reaching him." The friend said, "Nancy told me he was burning himself with a lighter. In the ankles or arms or something . . . it was like he was trying to feel something." Her friend said she rarely talked about Adam but mainly talked about her oldest son, Ryan.[1137] Speculating, one might conclude that Adam took Ryan's identification card, readily available in Nancy's personal papers, to deliberately incriminate Ryan whom Adam may have resented because of his normalcy.

Lanza taped together two magazines for a total of sixty consecutive bullets in each magazine in the Bushmaster, XM-15, .223 (7.0 pounds) that he used. He also carried two handguns, a Sig Sauer P226 9mm (2.15 pounds) and a Glock, 20SF 10mm (1.72 pounds) for a total of 10.87 pounds. He had ammunition: .233 ammo: 301 rounds= 8.09 pounds; 9mm ammo: 116 rounds= 3.05 pounds; and 10mm ammo: 90 rounds=3.37 pounds. All together, the guns and the ammo weighed 25.36 pounds.[1138] Lanza had an Izhmash Canta-12 gauge shotgun in his car. Nancy Lanza purchased the Bushmaster on March 29, 2010; the Glock on January 5, 2012; the Izhmash on April 10, 2010; and the Big Sauer on March 16, 2011.[1139]

On December 14, 2012, twenty-year-old Adam Lanza fatally shot twenty children and six adult staff members at the Sandy Hook Elementary School in Newtown, Connecticut, which had a population of 28,042. Before driving to the school, he shot and killed his mother; and as the first responders arrived, he committed suicide by shooting himself in the head.

1137. Matthew Lysiak, Kerry Wills, Stephen Rex Brown, Exclusive: Nancy Lanza feared son, Adam, was 'getting worse'; told friend 'he was burning himself with a lighter' and that she was 'losing him,' New York Daily News, December 16, 2012, http://www.nydailynews.com/news/national/nancy-lanza-feared-son-adam-worse-article-1.1221505, viewed 8/22/2014, / Updated: Monday, December 17, 2012.

1138. Compressed Files, 141-143 Weight of Guns-Ammo, http://www.ct.gov/csao/lib/csao/compressed-sandy-hook-report.pdf, viewed 3/9/2014.

1139. Sandy Hook Elementary School Shooting Reports, State of Connecticut, Department of Public safety, Book 4, Document 00151485, http://cspsandyhookreport.ct.gov/, viewed 5/30/2014.

Adam shot Nancy four times, perhaps once for each member of the family. Police suggest that he shot her before dawn.[1140] I disagree with some people who think that he was a deranged psychopath as they rarely commit suicide because they seek to benefit from their crimes. There are claims that he shot his mother to prevent her from interfering with his plans. I disagree for the following reasons:

1. Given that she had been gone for a couple of days, he easily could have loaded the weapons into the car during her absence.
2. She was apparently still sleeping and might not have even known he was leaving the house.
3. I doubt that he would have told her where he was going and what he planned on accomplishing.
4. Firing four head shots seems very significant; it was definitely overkill and expressed intense anger.
5. If he planned on suicide, why would he not allow her to live, unless he wished to inflict pain on his brother and father, people he could not shoot, given their unavailability?

Andrew Solomon wrote, "Adam Lanza, however, clearly understood what he was doing. He destroyed one of his hard drives, and left behind an electronic spreadsheet on mass murder and photographs of himself with a gun to his head."[1141] Peter Lanza claimed his son's body on December 27, 2012, and, according to the press, is one of very few people who know the disposition of the body.[1142] Solomon, in his interview of

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1140. Dave Altimari and Steven Goode, Details Emerge on Sandy Hook Shooting, Items Found in Lanza Rooms, The Hartford Courant, October 19, 2013, http://www.courant.com/news/connecticut/hc-sandy-hook-shooting-details-20131018,0,246103.story, viewed 1/20/2014.

1141. Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

1142. ME on Adam Lanza's Autopsy: It's a Fishing Expedition, Associated Press, January 11, 2013, http://nj1015.com/me-on-adam-lanzas-autopsy-its-a-fishing-expedition, viewed 5/22/2014.

Peter Lanza, asked about the funeral arrangements for his son to which he replied, "No one knows that, and no one ever will."[1143]

[1143] Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

The HITECH legislation, with a compliance date of February 18, 2014, awards Medicare and Medicaid financial incentives for hospitals and physicians to "adopt Electronic Health Records (EHRs) and also provides grants for the development of a Health Information Exchange (HIE)." The government, with these "grants," mandates that all health care providers adopt the technology that the government finds essential "to improve the efficiency of patient healthcare." The HITECH Act plans to award more than $30 billion for a health care network and the adaptation of EHR. Starting in 2014, the government will "give" each physician as much as $44,000 from Medicare to upgrade to the EHR system.[1144] The government will decrease Medicare and Medicaid reimbursements for covered patients for doctors who fail to comply and use EMRs by 2015.[1145] All patient records will be accessible by pharmacies, other doctors and hospitals, private insurance companies, the AMA, and the government. Insurance companies will not reimburse patients who do not "obey" their doctor's orders, applicable also to doctors who fail to abide by the Standard of Care, which may also jeopardize a doctor's license. This is probably part of the WHO global standardization.

On August 31, 2012, Obama issued an executive order, Improving Access to Mental Health Services for Veterans, Service Members, and Military Families. He said, among other things, "the Secretary (HHS Secretary Kathleen Sebelius) shall continue to use all appropriate tools, including collaborative arrangements with community based providers, pay setting authorities, loan repayment and scholarships, and partnerships

1144. HIPAA and the HITECH Act, http://www.hipaa-101.com/hipaa-hitech.htm, viewed 5/5/2014.

1145. DHHS, Treasury Department, CFR Citation: 42 CFR Parts 412, 413, 422 et al, http://www.thefederalregister.com/d.p/2010-07-28-2010-17207, viewed 9/9/2014.

with health care workforce training programs to accomplish the VA's goal of recruiting, hiring, and placing 1,600 mental health professionals by June 30, 2013."[1146] Sebelius was the former governor of Kansas (2003–2009) who attended the Bilderberg meeting in Chantilly, Virginia, June 5–8, 2008.[1147] Her father was a member of the House of Representatives when it passed Medicare in 1965.

On January 17, 2013, Dr. Peter R. Breggin wrote about Obama's twenty-three executive orders that he delivered the previous day. Most people focus on the gun issues within those orders and ignore the ramifications and benefits those orders present for the ever-pervasive psychiatric industry. Dr. Breggin states that those orders "vastly empower psychiatry" and expand "psychiatric authority and power (and) will ensure that organized psychiatry and the mental health establishment will not resist other presidential executive orders that greatly impair the free and effective practice of psychiatry, psychotherapy, and all of healthcare."[1148]

Obama's advisors devised Order No. 2 to allow the federal government to further accumulate a massive database of personal medical records, something that Bush recommended on January 20, 2004, in an address to the public. Obama's order states, "Address unnecessary legal barriers, particularly relating to the Health Insurance Portability and Accountability Act, that may prevent states from making information available to the background check system." There is no more privacy despite the federal HIPAA regulations, which I think were a step toward what we are currently witnessing. Before HIPAA, privacy and patient confidentiality was standard procedure. Order No. 4 will exploit the various justifications that the government will use to investigate people and invade their privacy. It states, "Direct the Attorney General to review

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1146. Barack Obama, Executive Order -- Improving Access to Mental Health Services for Veterans, Service Members, and Military Families, August 31, 2012, http://www.whitehouse.gov/the-press-office/2012/08/31/executive-order-improving-access-mental-health-services-veterans-service, viewed 5/7/2014.

1147. Bilderberg 2008 Attendee List, http://www.americanfreepress.net/html/bilderberg_list_2008.html, viewed 5/20/2014.

1148. Peter Breggin, Obama executive orders vastly empower psychiatry while gutting patient rights, Natural News, January 17, 2013, http://www.naturalnews.com/038736, viewed 7/13/2014.

categories of individuals prohibited from having a gun to make sure dangerous people are not slipping through the cracks."[1149]

Similar to the Decade of the Brain in the 1990s, Obama, in his Order 23 asks that DHHS secretary Sebelius and DoED secretary Arne Duncan "launch a national dialogue . . . on mental health." Breggin states that this "new dialogue will push power to psychiatry and the pharmaceutical industry" and function as a "national PR campaign on behalf of psychiatry and the pharmaceutical industry." Number 20 orders, "Release a letter to state health officials clarifying the scope of mental health services that Medicaid plans must cover."[1150]

In a press release on May 2, 2013, Secretary Sebelius (2009–2014) said, "More than 6.6 million young adults under 26 years old have been able to stay on their parents' insurance plans at a critical time when behavioral health issues are likely to emerge or be exacerbated. More than 71 million Americans can now get free preventive services including screenings for alcohol abuse and depression." She continued, "Our goal is to increase awareness about mental health, and reduce the fear, shame, and misperceptions that too often prevent people from getting the help they need. This should help make it easier for young people, adults, and families struggling with mental health problems to seek help and support. All of us—including teachers, parents, neighbors, and friends—have a role to play in helping to increase awareness and breaking down the stigma around mental health. Now is the time to bring conversations about mental health into school auditoriums, community centers, houses of worship, and kitchen tables across the country. Together, we can bring mental illness out of the shadows."[1151]

Obama's executive orders shift the entire health care system into "into a spy network." Number 16 orders, "Clarify that the Affordable Care Act (ACA) does not prohibit doctors asking their patients about guns in their homes." Number 17 orders, "Release a letter to health care providers clarifying that no federal law prohibits them from reporting threats of violence to law enforcement authorities." Number 21 orders, "Finalize regulations clarifying essential health benefits and parity

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1149. Ibid.

1150. Ibid.

1151. Kathleen Sebelius, HHS Secretary Kathleen Sebelius on Mental Health Month, May 2, 2013, http://www.hhs.gov/news/press/2013pres/05/20130502a.html, viewed 5/5/2014.

requirements within ACA." Obviously, under the new ACA exchanges, psych medications will receive mandatory coverage. Number 22 orders, "Commit to finalizing mental health parity regulations." Breggin reminds us that this does not refer to making counseling and psychotherapy more available and affordable. It means that Medicare or Medicaid will now cover those ten- to fifteen-minute psychiatric medication checks.[1152]

On Monday, June 3, 2013, Obama convened the second White House Conference on Mental Health, almost fourteen years after Bill and Hillary Clinton had the first White House Conference on Mental Health in 1999. George W. Bush followed Clinton's efforts with his New Freedom Commission on Mental Health. On October 3, 2008, Bush signed the Mental Health and Addiction Parity Act into law, which required that insurance companies treat mental health disorders the same way that they treat physical disorders.

During the Conference on Mental Health, ,Obama pledged $130 million to educate people on how to identify mental health issues in children and talked about how the Affordable Care Act will provide more opportunities for people to receive the help and the medicines that they need. He said, "The President's Fiscal Year 2014 Budget includes a new $130 million initiative to help teachers and other adults recognize signs of mental illness in students and refer them to help if needed, support innovative state-based programs to improve mental health outcomes for young people ages 16-to-25, and help train 5,000 additional mental health professionals with a focus on serving students and young adults."[1153]

Like many executive orders, government officials will likely codify Obama's directives into law, which will legally compel doctors and other health care providers to acquire and report data on their patient's gun possession. Additionally, they would be obliged to report anyone they suspect of "being potentially violent." Existing practices invite patients to tell his or her doctor if he or she feels threatened by someone else in

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1152. Peter Breggin, Obama executive orders vastly empower psychiatry while gutting patient rights, Natural News, January 17, 2013, http://www.naturalnews.com/038736, viewed 7/13/2014.

1153. Barack Obama, Office of the Press Secretary, Background on the National Conference on Mental Health, June 3, 2013, http://www.whitehouse.gov/the-press-office/2013/06/03/background-national-conference-mental-health, viewed 5/7/2014.

the home. Organized psychiatry has never valued a person's personal autonomy, such as the right to refuse questionable and even dangerous treatment. Organized psychiatry will continue to support legislation that violates personal liberties. Obama, egregiously exploiting a predictable catastrophe, is handing over even more authority to the drug industry.[1154]

While this is not relevant to the medical field, it relates to privacy. According to Dean Kalahar, Obama and Education secretary Arne Duncan said that the states voluntarily adopted the Common Core (CC) standards. An organization called Achieve, funded by the Gates Foundation with at least $173 million, developed CC, which the National Governors Association approved. Although federal law prohibits the Department of Education (DoED) from advocating any curriculum, each state received $4.35 billion to embrace the CC standards. Forty-six states accepted the bribe. There is no evidence to determine how CC will affect students, teachers, or parents. Kalahar says, "Common Core is not actually about standards, it's about gaining control over the education system," totalitarian control. He also states that in 2012, the DoED altered privacy laws to permit the sharing of a child's academic record with anyone. States began integrating "student records of test scores, discipline history, medical records, nicknames, religion, political affiliation, addresses, extracurricular activities, bus stop times and psychological evaluations into a private database called inBloom."[1155]

InBloom, a new data infrastructure for public schools, operated as a pilot program in nine states: Delaware, Massachusetts, Colorado, Louisiana, New York, Illinois, North Carolina, Georgia, and Kentucky.[1156] After the Bill and Melinda Gates Foundation along with the Carnegie Corporation of New York spent almost $100 million to create the inBloom information database with 400 different data fields asking for a massive amount of data for each student from

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[1154] Peter Breggin, Obama executive orders vastly empower psychiatry while gutting patient rights, Natural News, January 17, 2013, http://www.naturalnews.com/038736, viewed 7/13/2014.

[1155] Dean Kalahar, Common Core: Nationalized State-Run Education, April 12, 2013, http://www.americanthinker.com/2013/04/common_core_nationalized_state-run_education.html, viewed 6/5/2014.

[1156] Audrey Watters, More Details on InBloom's Plans for Student Data, April 4, 2013, http://hackeducation.com/2013/04/04/inbloom-more-details/, viewed 6/5/2014.

prekindergarten through twelfth grade, several districts and states cited privacy issues, forcing inBloom, a nonprofit corporation, to close its doors.[1157]

[1157] Natasha Singer, InBloom Student Data Repository to Close, April 21, 2014, http://bits.blogs.nytimes.com/2014/04/21/inbloom-student-data-repository-to-close, viewed 6/5/2014

Transformation of Mental Health in Connecticut

In 1999, Patricia A. Rehmer became part of the Division of Mental Health and Addiction Services (DMHAS) as the CEO of the Capitol Region Mental Health Center in Hartford. Before that, for seventeen years, she was with the Institute of Living where she had several positions including head nurse, program director for partial hospital, director of adult programs, and clinical director of operations. Her responsibilities included inpatient, outpatient, partial, and residential services for children/adolescents, adults, and geriatric patients. Rehmer became deputy commissioner in 2004.

In October 2005, Connecticut received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), established on October 1, 1992, a branch of the federal HHS, established April 11, 1953.[1158] "This grant was for the purposes of transforming the state system of mental health care for all citizens" of Connecticut. "The work being done on transformation involves not only the Department of Mental Health and Addiction Services, but 13 other state departments and the Judicial Branch, consumers and family members, state and private providers and other key stakeholders." This transformation was based on President Bush's NFC goals, to begin in January 2008, as follows: Early mental health screening, assessment, and referral to services are common practice.

4.1 Promote the health of young children.
4.2 Improve and expand school mental health programs.
4.3 Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies.

1158. HHS Organizational Chart, http://www.hhs.gov/about/orgchart/index.html, viewed 7/29/2014.

4.4 Screen for mental disorders in primary health care, across the lifespan, and connect to treatment and supports.[1159]

Keep in mind that the NFC's final report was titled *Achieving the Promise: Transforming Mental Health Care in America.*

In 2006, the US House Appropriations Committee approved $20 million to transform TMAP into a nationwide universal mental health screening program.[1160] In March/April 2006, SAMHSA proposed a $3.3 billion budget, which included school-based violence-prevention activities that would receive $76 million in funding.

Connecticut was the recipient of a federal "mental health transformation" grant under Bush. The grant was to "transform" the mental health system and was funded through 2010. Rehmer became the DMHAS commissioner in November 2009. She had oversight for the $13.7 million grant, which involved partnerships with fourteen other state agencies and advocacy communities.[1161] No one held her or anyone else accountable for where the funds were expended. Presumably, she continued to allocate them to making certain that people had access to antipsychotic and antidepressant drugs as in the TMAP model rather than talk therapy.[1162]

Commissioner Rehmer focused on expanding federal resources, including "transforming" the State Administered General Assistance Behavioral Health Program, in collaboration with the Department of Social Services (DSS), especially to those receiving Medicaid resources. This transformation took effect on April 1, 2010. Connecticut was

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1159. State of Connecticut, Comprehensive Mental Health Plan Update, Mental Health Transformation State Incentive Grant (MHT SIG), Grant # SM57456, September 2009, Submitted to the Substance Abuse and Mental Health Services Administration, Submitted by Pat Rehmer, Project Director, p. 87, http://www.ct.gov/dmhas/lib/dmhas/transformationgrant/cmhp09.pdf, viewed 4/30/2014.

1160. B. K. Eakman, *Walking Targets*, Midnight Whistler Publishers, Raleigh, North Carolina, Kindle, 2007, Location 146–148.

1161. Patricia Rehmer reappointed as DMHAS Commissioner, December 23, 2010, http://www.mindlink.org/patricia_rehmer_commissioner.html, viewed 5/24/2014.

1162. Sheila Matthews, Presidential Executive Orders in Mental Health: A History of Failures, December 26, 2013, http://ablechild.org/tag/adam-lanza-medical-records, viewed 4/19/2014.

the first state to implement the program, along with the DMHAS's implementation of the Medicaid Rehabilitation Option for people residing in group homes who had behavioral health disorders who did not qualify for nursing home care. On December 23, 2010, governor-elect Dan Malloy reappointed Rehmer as the DMHAS commissioner. She then had over twenty-five years of experience in public and private behavioral health agencies.[1163]

In America, government agencies, like the TMAP program, purchase 70 percent of all the Zyprexa sales to use in its programs, mostly in Medicaid. Eli Lilly designed Zyprexa for the most vulnerable members of society—children, older people, and the mentally ill. Just in the United States, Zyprexa, created to treat schizophrenia, grossed $2.63 billion in 2003 and $4.28 billion worldwide. In 2009, it grossed $4.2 billion, and worldwide, it was $30 billion. Many of the sales are off-label. Zyprexa is number six on a list of the most commonly prescribed drugs.[1164] While it purports to be helpful and humane to citizens, this program is an extraordinary way that officials are able to legally transfer public funds to private corporations.

The FDA issued a warning about Zyprexa, an antipsychotic drug linked to diabetes, which costs twice as much as similar drugs. Medicaid, along with other agencies, as noted, accounts for 70 percent of its sales. Zyprexa became Eli Lilly's big blockbuster after its patent for Prozac expired. Eli Lilly's second most profitable products were its diabetes treatment drugs, including Actos, Humulin, and Humalog, which grossed $2.51 billion in 2003. Kentucky's Medicaid program wanted to remove Zyprexa from the list of favored medications. However, NAMI, purportedly a consumer organization, opposed the state's intentions. Eli Lilly paid NAMI protesters and bused them to hearings and "placed

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1163. Patricia Rehmer reappointed as DMHAS Commissioner, December 23, 2010, http://www.mindlink.org/patricia_rehmer_commissioner.html, viewed 5/24/2014.

1164. John Virapen, *Side Effects: Death - Confessions of a Pharma-Insider*, Virtualbookworm.com Publishing, College Station, Texas, Kindle, 2010, pp. pp. 186–188; Bruce E. Levine, Eli Lilly, Zyprexa and the Bush Family, the Diseasing of our Malaise, http://psychrights.org/articles/LevineLillyandBush.htm, viewed 4/28/2014

full-page ads in newspapers, and sent faxes to state officials." NAMI received $11.7 million from drug companies from 1996 through 1999.[1165]

In 2012, the state of Connecticut conducted a study to determine the feasibility of applying the Texas Implementation of Medication Algorithm (TIMA) for bipolar disorder (BD) in the Connecticut Department of Correction. They did a pilot study using twenty males and twenty females, with diagnoses of BD type I or II. Two TIMA-trained psychiatrists treated the participants over a twelve-week period following the TIMA protocol, and their success confirmed the effectiveness and benefits of TIMA for BD adaptation in the correctional setting.[1166]

In December 2013, Barack Obama, via executive order and furthering the state's transformation, promised $100 million "to improve mental health services as part of its response to the deadly school shooting in Connecticut." He appointed Vice President Joseph Biden to lead a task force to identify mental illness as a factor in the attempt to curb shootings. The White House wants to enforce a 2008 law that requires insurers to treat mental health as a physical or biological ailment, supported by the APA's allegations that their devised mental "disorders." The $100 million is from existing government funding: $50 million from the DHHS to increase health services for those with mental illness and another $50 million from the Department of Agriculture for mental health services in rural areas.[1167] Remember, this is all taxpayer money going directly into the pharmaceutical industry's coffers under the guise of assisting an increasing number of people who "experts" have decided, using the *DSM*, are mentally ill.

This $100 million award coincides with the Affordable Care Act (ACA), which will "give" thirty million Americans access to mental

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1165. Ibid.

1166. Algorithm-Driven Pharmacological Management of Bipolar Disorder in Connecticut Prisons, International Journal of Offender Therapy and Comparative Criminology, http://ijo.sagepub.com/content/57/2/251, viewed 4/25/2014.

1167. Noah Rayman, White House Touting Mental Health Funding After Sandy Hook School Shooting, Time, December 10, 2013, http://swampland.time.com/2013/12/10/white-house-touting-mental-health-funding-after-sandy-hook-school-shooting, viewed 4/26/2014.

The administration is shifting focus to mental health in its effort to curb shootings

health services and unlimited psychiatric drugs for the first time by mandating insurance plans via the statewide marketplaces that offer it as an "essential benefit." On November 8, 2013, the Obama administration announced the final policies to implement the Wellstone-Domenici Mental Health Parity and Addiction Equity Act (MHPAEA), December 24, 2009, which, beginning in 2014,[1168] will force all American insurance companies "to offer coverage for those services that is no more restrictive than the coverage for medical or surgical conditions."[1169] This law constitutes one of the greatest expansions of mental health services in history and is expected to give another thirty-two million Americans access to more mental health benefits.[1170]

Paul Wellstone and Pete Domenici's Mental Health Parity and Addiction Equity Act (MHPAEA) passed, as a rider, on the Troubled Asset Relief Program (TARP). George W. Bush signed it into law on October 3, 2008, a few months before he left office. This legislation required insurers to cover mental health care, which increased access to treatment (drugs).

The whole objective of the federal grants is to create a conduit of new patients for the psychopharmacology industry—new customers for psych drugs. This is the legislation relative to the grant: SEC. 5541. *Grants for the Integration of Schools and Mental Health Systems*—The Department of Education may award grants to state and local educational agencies for the purpose of *increasing student access* to quality mental health care and a link to the local mental health system. A grant or contract may not exceed five years. A state or local educational agency receives a grant for the following:

1. To enhance, improve, or develop collaborative efforts between school-based service systems and mental health service systems

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1168. Wellstone-Domenici Mental Health Parity and Addiction Equity Act, http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590eas/pdf/BILLS-111hr3590eas.pdf, viewed 7/30/2014.

1169. Mental Health Parity and Addiction Equity, http://beta.samhsa.gov/health-reform/parity, viewed 4/26/2014.

1170. Sy Mukherjee, White House Pledges $100 Million In Mental Health Funding On Cusp Of Sandy Hook Anniversary, December 10, 2013, http://thinkprogress.org/health/2013/12/10/3044731/white-house-announces-100-million-mental-health, viewed 4/26/2014.

to provide, enhance, or improve prevention, diagnosis, and treatment services to students.

2. To enhance the availability of *crisis intervention services*, appropriate referrals for students potentially in need of mental health services, and ongoing mental health services.
3. To provide training for the school personnel and mental health professionals who will participate in the program carried out under this section.[1171]

Every state already has an involuntary treatment program that has not effectively reduced violence as that is not the root cause. Each state already has laws to temporarily incarcerate individuals in mental hospitals if an official suspects them of being a danger to other people.[1172] We should all be concerned about the term "crisis intervention services" in no. 2 above.

The Connecticut Superior Court has the authority to place individuals under the jurisdiction of the governor-appointed six-member Psychiatric Security Review Board (PSRB), a state agency. The board is composed of individuals who are experts in the "fields of law, probation/parole services, psychology, psychiatry, victim services, and the interest of the general community." The PSRB determines the status of people whom the court finds not guilty of a crime because of mental reasons. The PSRB, after an administrative hearing process, places most of the acquittees under the jurisdiction of the DMHAS, which provides psychiatric services and may order drug treatment, a maximum security facility, hospital confinement, outpatient supervision within the community, or conditional release for persons called acquittees.[1173] The PSRB may also place acquittees with the DDS for behavioral

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1171. Department of Education, Elementary & Secondary Education, Subpart 14 — Grants to Improve the Mental Health of Children, SEC. 5541. Grants for the Integration of Schools and Mental Health Systems, http://www2.ed.gov/policy/elsec/leg/esea02/pg79.html#sec5541, viewed 5/25/2014.

1172. State Standards for Assisted Treatment, Treatment Advocacy Center, January 2013, Arlington, Virginia, http://www.treatmentadvocacycenter.org/storage/documents/Standards_-_The_Text-_June_2011.pdf, viewed 5/20/2014.

1173. What Is The Psychiatric Security Review Board?, http://www.ct.gov/psrb/cwp/view.asp?a=2502&q=312772, viewed 5/20/2014.

interventions or treatment and confinement for those diagnosed with developmental disabilities in conjunction with the DMHAS.

Dr. Peter R. Breggin says that the courts can force a person to "take medication as a condition for staying out of jail." If the person refuses, in many states, the officials can commit him or her to a facility. He writes, "Mental-health workers can actually invade the individual's home to force long-acting injections of highly toxic drugs into his or her body." Both the APA and NAMI favor and lobby for such oppressive laws.[1174] Those two organizations appear to enjoy a great deal of influence in Connecticut, including several voices on the Sandy Hook Advisory Commission, the supposedly unbiased group that, through consensus, proposed the future of mental health care for the entire state.

Dr. Thomas Szasz referred to the insanity plea, usually associated with murder, wherein a defendant and his lawyer claim that he is "not criminally responsible for his offense because he was insane at the time when he committed the illegal act." I agree with Szasz who states that this is "the oldest and most obvious instance of the medicalization of the law." The authorities may incarcerate a person using the insanity plea into a mental hospital. Alternatively, authorities may claim that an innocent person is mentally ill and incarcerate that individual in a mental hospital. The prosecution often does not challenge the defendant's insanity claim and may do one of two things— request that the jury to either find the defendant not guilty by reason of insanity with indefinite confinement to an insane asylum or declare that the defendant's mental illness was insufficient for him to avoid the penalty.[1175]

The dichotomy is that the law may use psychiatry strategies to "excuse a guilty person of his crime and incarcerate him in a mental hospital" and on the other hand, for political expediency or some other reason, claim that some innocent person is mentally ill in order to incarcerate him in a mental hospital.[1176] A defendant's lawyers secure the services of a psychiatric expert who converses with the defendant and can somehow miraculously discern his mental status at the time that he committed

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1174. Peter R. Breggin, Medication Madness: A Psychiatrist Exposes the Dangers of Mood-Altering Medications, St. Martin's Press, New York, Kindle, 2009, p. 32.

1175. Thomas Szasz. *The Medicalization of Everyday Life: Selected Essays*, Syracuse University Press, Syracuse, New York, Kindle, 2007, Locations 1370–1379.

1176. Ibid., Locations 1372–1374.

the crime, often many months prior to the trial. Psychiatrists view this seer-like ability as "medically sound and scientific" while the courts equate this "expert testimony" with the evidence of a forensic pathologist. Perhaps a psychiatrist is also prophetic and can ascertain the defendant's mental status months in the future. Dr. Szasz regards this practice as "the epitome of junk science." Psychiatry itself fits into the same category, as there are no objective tests to determine mental illness—no blood test, no X-rays, nothing more than someone's opinion based on the characteristics that a group of psychiatrists voted on for inclusion in the drug-industry-funded APA's current *DSM*.[1177]

On June 18, 1940, Dr. John Rawlings Rees wrote, "We can therefore justifiably stress our particular point of view with regard to the proper development of the human psyche, even though our knowledge be incomplete. We must aim to make it permeate every educational activity in our national life. . . . We have made a useful attack upon a number of professions. The two easiest of them naturally are the teaching profession and the Church: the two most difficult are **law** and medicine."

Dr. Charles M. Higgins wrote, "The right of the individual to select any preferred system of medical treatment, whether with or without prayer and faith, with or without drugs and medicines, or with or without vaccines or serums, and the right to accept or refuse any medical remedy or operation, is surely a clear inherent and reserved right, under our basic American Charters of Rights and Liberties, and cannot be legally or morally denied, but must be respected, defended and enforced by all Governments."[1178]

1177. Ibid., Locations 1425–1432.

1178. Charles M. Higgins, Horrors of Vaccination, Exposed and Illustrated, Petition to the President to Abolish Compulsory Vaccination in Army and Navy, Chas. M. Higgins, Brooklyn, New York, 1920, p. 6.

Connecticut Screening for Early-Onset Mental Health Disorders

In November 2008, Rahm Emanuel said, "You never want a serious crisis to go to waste. And what I mean by that (is) it's an opportunity to do things you think you could not do before."[1179] This is Rahm's Rule (RR). Simply put, maximize and exploit every situation for political and/or possibilities for profit. The mass murders at the Sandy Hook Elementary School was just such a situation, not just to snatch guns as many people claim, but also to impose a previously conceived mandatory draconian mental health care system on American citizens under the guise of preventing such horrific tragedies in the future. Even before Sandy Hook, officials in Connecticut had implemented many programs designed to place more individuals into the mental health care system, giving more access to drugs.

Child Health and Development Institute (CHDI)

The Children's Fund of Connecticut is "a public, charitable foundation (that) focuses its resources on developing comprehensive, effective, community-based health and mental health care systems for children and their families." The CHDI, with Robert Trestman, PhD, MD as the chairman of the board, "serves as the operating arm of the Children's Fund of Connecticut, working to advance policy, systems, programs and practice changes that will result in better health and developmental outcomes for children in Connecticut." The CHDI is a subsidiary of the Children's Fund of Connecticut. Judith C. Meyers

1179. Rahm Emanuel: You never want a serious crisis to go to waste, https://www.youtube.com/watch?v=1yeA_kHHLow, viewed 9/10/2014.

is the president and chief executive officer of the Children's Fund of Connecticut (CFC); Keith Stevenson is the chair of the board of CFC; and Dr. Fred R. Volkmar, professor of child psychiatry, pediatrics, and psychology and director at the Yale Child Study Center, is the chairman of the board of the CHDI.[1180]

Meyers is "a clinical and community psychologist" and "currently holds faculty appointments at the University of Connecticut School of Medicine and the Yale University Child Study Center." She was an appointee on the "Governor's Early Care and Education Cabinet, the Governor's Blue Ribbon Commission on Mental Health (2000) under Governor John Rowland,[1181] the Lt. Governor's Mental Health Cabinet, the Behavioral Health Partnership Oversight Council and the Connecticut Kids Report Card Leadership Committee. She currently serves as vice chair of the board of the Connecticut Council for Philanthropy and a trustee of the Grossman Family Foundation."[1182]

In September 2011, the Child Health and Development Institute (CHDI) of Connecticut, a subsidiary of the Children's Fund of Connecticut, published *Pediatric Psychopharmacology: Improving Care through Co-Management*, authored by Anne E. Pidano, PhD; Judith C. Meyers, PhD; Lisa Honigfeld, PhD with the assistance of Dr. Daniel Connor (University of Connecticut School of Medicine); Dr. Robert Franks (CHDI); Dr. Lesley Siegel (DCF); Dr. Lawrence Scahill (Yale Child Study Center); Dr. Edward Schor (Commonwealth Fund); and Dr. Joseph Woolston (Yale Child Study Center). The introduction states, "The goal of CHDI's investment has been to increase the capacity of primary care practitioners to address the behavioral health concerns of children

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1180. FY 2010 & FY 2011 biennial report for the Children's Fund of Connecticut, p.2, http://childrensfundofct.org/Biennial10-11.pdf, viewed 9/10/2014.

1181. Governor's Blue Ribbon Commission on Mental Health (2000), http://www.ct.gov/dmhas/lib/dmhas/publications/brcreport.pdf, viewed 9/10/2014.

1182. About CHDI, http://www.chdi.org/about-staff-bios.php?id=20, viewed 9/10/2014.

in their care through screening, brief treatment for mild disorders, and where appropriate, referral for treatment."[1183]

The CHDI goal is to "increase the capacity of primary care practitioners" to focus on the mental and behavioural health issues of children in their care via screening, treatment and, if needed, referral for treatment. The CHDI evaluates "research and best practices, developing and delivering education and training, advocating for policy change, facilitating state-wide planning to foster systems development, and funding demonstration projects." The CHDI promotes the collaboration between primary care providers (PCPs) and thirty-nine mental health clinics designated as Enhanced Care Clinics (ECCs) accredited by Connecticut's Medicaid Program. "These clinics receive 25% higher reimbursement rates for meeting certain criteria that include guaranteeing timely access to services based on urgency and coordinating care with primary care providers." To facilitate these partnerships, the CHDI received funding from the Children's Fund of Connecticut.[1184]

The CHDI and the CFC collaborate in the developmental screening, care coordination, and co-management of primary and specialty care and midlevel assessment. "In mental health," they "played a key role in expanding two evidenced-based child mental health treatments throughout Connecticut, using the Learning Collaborative method: Trauma-Focused Cognitive Behavioral Therapy and Child FIRST. In early care systems, they helped communities integrate health and mental health in their school readiness plans with funding and technical assistance."[1185]

The Office of the Healthcare Advocate of the State of Connecticut (OHA) had a public hearing on October 17, 2012, resulting in the publication of the fifty-six-page *Findings and Recommendations on Mental Health and Substance Use Services in Connecticut*, dated January 2, 2013.

1183. Anne E. Pidano, Ph.D., Judith C. Meyers, Ph.D., Lisa Honigfeld, Ph.D., Pediatric Psychopharmacology: Improving Care through Co-Management, Impact, Child Health and Development Institute of Connecticut (CHDI), September 2011, http://www.chdi.org/impact-pediatric.psychopharm, viewed 8/30/2014.

1184. Ibid., p. 4, http://www.chdi.org/impact-pediatric.psychopharm, viewed 8/30/2014.

1185. FY 2010 & FY 2011 biennial report for the Children's Fund of Connecticut, p.2, http://childrensfundofct.org/Biennial10-11.pdf, viewed 9/10/2014.

Victoria Veltri, a member of Malloy's Healthcare Cabinet, wrote the document. Between the hearing and the document's publication, the events at Sandy Hook occurred, which presented the perfect opportunity to pass sweeping legislation. The members of the Sandy Hook Advisory Committee (SHAC) would use some of the document's key recommendations:

1. Connecticut should adopt an overall vision for health that integrates and coordinates access to effective, timely, high-quality, and affordable mental health and substance use prevention and treatment services into overall health care.
2. Connecticut's mental health and substance use delivery system should be synchronized by a coordinating entity.
3. Prevention, awareness, and screening programs must be enhanced.
4. Residents covered by self-funded and fully insured plans should have access to community-based services.
5. Mental Health Parity and Addiction Equity must be enforced.
6. The recommendations of the 12/18/12 Program Review and Investigation Committee report should be adopted in full.
7. State programs must be evaluated for cost effectiveness and should be streamlined
8. Cost shifting to the state should be evaluated and minimized.[1186]

The essence of the document was that children should have more access to psychiatric drugs and that there should be some insurance plan to pay for whatever services, hospitalization or drugs, that a juvenile might require according to the Standard of Care. The document contains testimony from representatives of the Connecticut Council of Child and Adolescent Psychiatry.

[1186.] Victoria Veltri JD, LLM, Office of the Healthcare Advocate, *State Healthcare Advocate Findings and Recommendations: Access to Mental Health and Substance Use Services*, January 2, 2013, p. 55 http://www.ct.gov/oha/lib/oha/documents/publications/report_of_findings_and_recs_on_oha_hearing_1-2-13.pdf, viewed 5/20/2014.

Behavioral Health Care for Connecticut's Children
Implementing Public Act 13-178, Effective July 1, 2013
The Department of Children and Families (DCF)

Public Act 13-178, approved on June 24, 2013, effective on July 1, 2013, included the creation of a "comprehensive implementation plan . . . for meeting the mental, emotional and behavioral health needs of all children in the state and preventing or reducing the long-term negative impact of mental, emotional and behavioral health issues on children." The plan was developed under the guidance of DCF. The DCF, under Commissioner Joette Katz, contracted with the Child Health and Development Institute (CHDI) to "facilitate an extensive input gathering process that served as the cornerstone for the preparation of the plan." The CHDI, in a public/private partnership was funded by the DCF, the Children's Fund of Connecticut (CFC), the Connecticut Health Foundation (CT Health) and the Grossman Family Foundation. CT Health, founded in 1999, is the state's largest independent health philanthropy.

On July 24–26, 2013, in Philadelphia, Pennsylvania, the National Governors Association (NGA) and other entities sponsored a conference titled, Three Branch Institute on Child Social and Emotional Well-Being. Commissioner Joette Katz of Connecticut's DCF attended and currently functions as the team leader. The Three Branch Institute's objective is "to improve the social and emotional well-being of child welfare" in seven participating states. Individuals from Connecticut's three branches of government will collaborate on a plan "to promote and measure well-being among children and youth who are currently receiving child welfare services," such as Medicaid.[1187]

One of the sources that the Three Branch home team refers to is *America's Children: Key National Indicators of Well-Being, 2013, Federal Interagency Forum on Child and Family Statistics*, which states on page 21: "The health of children depends at least partially on their access to health services. Health care for children includes physical examinations, preventive care, health education, observations, screening, immunizations, and sick care. Having a usual source of care—a

1187. Three Branch Institute - Connecticut Team, http://www.ct.gov/dcf/cwp/view.asp?a=4587&q=537970#Focus, viewed 6/5/2014.

particular person or place a child goes to for sick and preventive care—facilitates the timely and appropriate use of pediatric services."[1188]

One of the Three Branch States Well-Being Legislative Enactments includes 2013 Connecticut Acts, Senate Bill No. 972, Public Act 13-178 (approved June 24, 2013), which "requires the development of a plan for meeting children's mental, emotional and behavioral health needs; requires the inclusion of certain strategies, including school and community-based mental health services integration and early intervention enhancement; provides for collaboration with emergency mobile psychiatric service providers, training of school resource officers, mental health providers, pediatricians and child care providers, home visitation, and a study on nutrition and psychotropic drugs."[1189]

The Three Branch Core Focus for Connecticut is on managed, effective *mental health* services and supports for children and families under the jurisdiction of the DCF. This is in conjunction with Public Act 13-178. In January 2014, the DCF created a Three Branch "home team" composed of members from government agencies and other relevant areas of interest to "ensure that Connecticut's plan connects with ongoing projects related to improving the mental and physical well-being of children served by DCF." The Three Branch home team will regularly convene and ultimately "provide recommendations and a work plan that will serve as a framework from improving the well-being of DCF-involved children."[1190]

Under the direction of Joette Katz, the thirty-five-member Children's Behavioral Health Plan Advisory Committee (CBHAC), co-chaired by Judith C. Meyers and Doriana Vicedomini, prepared a fifty-two-page plan, dated September 5, 2014, titled *Connecticut Children's Behavioral*

1188. America's Children: Key National Indicators of Well-Being, 2013, Federal Interagency Forum on Child and Family Statistics, http://www.ct.gov/dcf/lib/dcf/three_branch_institute/pdf/americaschildren02013.pdf, p. 21, viewed 6/5/2014.

1189. Three Branch States Well-Being Legislative Enactments, 2008-2013, http://www.ct.gov/dcf/lib/dcf/three_branch_institute/pdf/threwell-beinglegislation.pdf, viewed 6/5/2014.

1190. Three Branch Institute - Connecticut Team, http://www.ct.gov/dcf/cwp/view.asp?a=4587&q=537970#Focus, Connecticut Three Branch Home Team, http://www.ct.gov/dcf/lib/dcf/three_branch_institute/pdf/ct_3b_home_team.pdf, viewed 6/5/2014.

Health Plan. It is based on Public Act 13-178, "the Connecticut General Assembly's response to the tragedy in Newtown in December 2012." On pages 1-2 of the report, it states, "There are approximately 784,000 children under age 18 in Connecticut, constituting 23% of the population. Every child deserves the opportunity to achieve mental wellness by growing up in nurturing and supportive homes and in communities and schools that promote optimal social and emotional development. Yet (there are) as many as 20% or approximately 156,000 of Connecticut's children have a diagnosable mental health symptoms that would benefit from treatment." According to the Institute of Medicine, "there is consistent evidence from multiple recent studies that early (behavioral health) disorders should be considered as commonplace as a fractured limb: not inevitable but not at all unusual. The prevalence of these disorders is the same in young people as it is in adults. An implication for prevention is that universal programs will not be wasted on large numbers of risk-free children."[1191] Universal "prevention" programs designed for behavioral disorders foreshadows tyrannical treatment of both "young people" and "adults" and even more money for Big Pharma.

The proponents of the plan evidently believe that children, using the *DSM*, must be identified and diagnosed "early" and that "extensive work remains in our current system to ensure compliance with federal and state mandates."[1192] The government should not compel its citizens to accept labeling (categorization), followed by questionable treatment by an organized, government-protected group of citizens who habitually have financial connections to the corporations that manufacture the said treatments. The socialization of health care, particularly through Medicaid and Medicare, has impacted people who have genuine biologically based illnesses, as well as those based on "expert opinions."

1191. Joette Katz, Commissioner, Connecticut Department of Children and Families, Connecticut Children's Behavioral Health Plan, Prepared pursuant to Public Act 13-178, Prepared by: Child Health and Development Institute of Connecticut, Inc., Funding Provided by: Department of Children and Families, Connecticut Health Foundation, Children's Fund of Connecticut, Grossman Family Foundation, September 5, 2014, pp. 1-2 http://www.plan4children.org/wp-content/uploads/2014/09/CBH_PLAN_DRAFT_09_05_14.pdf, viewed 9/18/2014.

1192. Ibid.

It seems that Connecticut wishes to accelerate its programs by adopting everything that the federal government offers instead of allowing freedom of choice. Children in Connecticut and their parents or a relative caregiver and pregnant women may be eligible for HUSKY A (also known as Medicaid). Uninsured children under nineteen in higher-income households may be eligible for HUSKY B, as the Children's Health Insurance Program.[1193]

In adopting a more standardized program, the CBHAC suggests the following:

A. System Organization, Financing, and Accountability

Goal A.1 Redesign the publicly financed system of mental health care for children to direct the allocation of existing and new resources.

Goal A.2 Create a network of regional "care management entities" to streamline access to and management of services in the publicly financed system of mental health care for children.

Goal A.3 Systematically examine the major areas of concern regarding commercial insurance for children's behavioral health.

Goal A.4 Develop an agency and program-wide integrated behavioral health data collection, management, analysis, and reporting infrastructure across an integrated public mental health system of care.

B. Health Promotion, Prevention, Early Identification, and Early Intervention

Goal B.1 All children will receive age-appropriate periodic standardized screening for developmental and behavioral concerns as part of a comprehensive system for screening, assessment, and referral for services.

Goal B.2 Ensure that all providers and caregivers who work with young children demonstrate competency in promoting social and emotional development in partnership with families, recognizing risk factors and early signs

1193. Connecticut's Health Care for Children & Adults, http://www.huskyhealth.com/hh/cwp/view.asp?a=3573&q=421548, viewed 9/18/2014.

of social-emotional problems and mental illness and connecting children to services appropriate for their stage of development.

C. Access to a Comprehensive Continuum of Care

Goal C.1 Build and adequately resource a continuum of mental health care services that is appropriate to child and family needs, accessible to all, and equally distributed across all areas of the state.

Goal C.2 Strengthen the role of schools within the continuum of mental health services to address the mental health needs of students.

D. Pediatric Primary Care and Mental Health Care Integration

Goal D.1 Strengthen connections between pediatric primary care and mental health services.

E. Disparities in Access to Culturally Appropriate

Goal E.1 Develop, implement, and sustain standards of culturally and linguistically appropriate care.

Goal E.2 Enhance availability, access, and delivery of services and supports that are culturally and linguistically responsive to the unique needs of the service population across the service continuum.

F. Family and Youth Engagement

Goal F.1 Include family members of youth with mental health needs, family advocates as core members in the governance of the mental health system.[1194]

There are several recommendations in the endnotes pages of the *Connecticut Children's Behavioral Health Plan*. One thirty-two-page report, prepared through the CHDI, dated October 2013, titled *The Earlier the Better: Developmental Screening for CT's Young Children* written by Lisa Honigfeld and Judith C. Meyers recommends the "developmental screening for young children ages birth to five." The

1194. Ibid.

report recommends screening to diagnose disabilities because an "early connection to intervention services is essential." The report refers to IDEA and states, "Children with delays can benefit from Part C of the Individuals with Disabilities Education Act (IDEA) programs. Part C requires all states to provide Early Intervention (EI) services for children ages birth to three with delays and disabilities. The law also mandates services for children aged three to five (Part B)."[1195] It is in conjunction with IDEA (2004), along with the Bush administration's No Child Left Behind.

On page 11, the booklet states, "Because screening is intended to detect children in need of further assessment, it should be universal, or administered to all children and not only to children at risk of delay. Children who score within a certain range should be referred for assessment, which is more in-depth, and comprehensive, examining needs, problems, strengths and resources. Screening can also contribute to developmental surveillance by creating a longitudinal record of a child's progress." Parents, line up your children for evaluation or, in the case of tiny infants, simply carry them in and deliver them to the "experts" for evaluation.[1196]

On page 14, it states, "Although it is preferable to use general developmental screening in early childhood populations, the one exception is the Modified Checklist for Autism in Children (M-CHAT), which the American Academy of Pediatrics (AAP) recommends for administration to 18 and 24 month old children as a screen for Autism Spectrum Disorders (ASD). This recommendation stems from the increasing rate of ASD (1 per 88 children) and the effectiveness of interventions that begin at a young age. The Centers for Disease Control have undertaken a large federal initiative (Learn the Signs, Act Early) to increase ASD screening."[1197] This is the same CDC that convened the invitation-only conference at Simpsonwood to devise damage control to

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1195. The Earlier the Better: Developmental Screening for CT's Young Children, CHDI, Impact, October 2013, http://www.chdi.org/devscreen-IMPACT, pp. 7-8, viewed 9/18/2014.

1196. Ibid., pp. 11–12, viewed 9/18/2014.

1197. Ibid., pp. 14–15, viewed 9/18/2014.

cover up the connection between mercury-laden vaccines and autism and ASD.[1198]

Another program called Adherence to the Federal Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) is a component of Medicaid for children under the age of twenty-one. Federal statutes and regulations declare that these Medicaid-enrolled children are entitled (or compelled) to accept EPSDT benefits. This means mandatory mental health screening. Each state must cover preventive and treatment services. In the majority of cases, screening leads to harmful medical and pharmaceutical treatment. It is good for Big Pharma, but detrimental to the individual. Unlike some private insurance benefits, regarding preventative services, the government has designed EPSDT for early intervention. In 2012, there were twenty-five million children enrolled in Medicaid to which EPSDT is applicable.[1199] The Affordable Care Act undoubtedly includes EPSDT.

In the United States, Medicaid is the single largest payer for mental health services. In 2007, Medicaid-enrolled individuals visited hospital emergency rooms nearly twelve million times for incidents relating to a mental disorder, a substance abuse issue or both.[1200] With even more Medicaid services, this will increase. People tend to overuse a benefit that is ostensibly free.

The CBHAC recommends the following as part of the *Health Promotion, Prevention, Early Identification, and Early Intervention* above:

1. Increase prevention efforts, especially for children under three.
2. Identify children at risk for difficulties in social-emotional development and mental health problems at the earliest possible point through a combination of screening with standardized tools and surveillance by child health providers and school personnel.

1198. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 157–159.

1199. EPSDT & Title V, Title V Rules for EPSDT Linkages, HRSA, Maternal and Child Care, US Department of Health and Human Services, http://mchb.hrsa.gov/epsdt/epsdttitlev.html, viewed 9/18/2014.

1200. Behavioral Health Services, http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Mental-Health-Services-.html, viewed 8/30/2014.

3. Screen for maternal depression, a major risk factor for the social-emotional development of young children, and ensure that intervention is accessible.
4. Expand existing evidence-based programs for young children to meet the mental and behavioral health concerns of children zero to five years old.
5. Train doctors on infant mental health competencies and assessing for behavioral concerns among very young children.
6. Hire more bilingual providers to ensure that prevention, early identification, and early intervention services are accessible.
7. Provide more statewide cross systems training in early childhood mental health for staff across early childhood systems.
8. Conduct a media campaign to address the stigma of mental and behavioral health concerns.
9. Include in all parent education programs for caregivers of young children the importance of early relationships and social-emotional development.
10. Include social and emotional skill development in school health curriculum.

Once, the worst thing that a kid could do at school was chew gum or say "hell." The only tests that schools conducted were academic—there were no aptitude tests to determine student employment qualifications for various corporations. Schools did not test hearing or vision. The only physical activities that kids engaged in were sports. Hardly anyone ever visited the school nurse if in fact there was one. Currently, nurses are apparently disseminating schedule II addictive drugs during the lunch hour to children whose parents would never dream of allowing or encouraging their children to buy the very same class of drugs from some stranger on a street corner. Kids brought lunch from home, or there was a cafeteria that employed individuals who actually cooked a nutritious meal for which families paid a nominal fee. That was before the food industry was allowed into the school marketplace. There were no school social workers. Teachers were not instructing children how to put a condom on a banana. Students learned phonic-based reading, penmanship-oriented writing, and pre-calculator arithmetic.

In his book *Toxic Psychiatry*, Dr. Peter R. Breggin wrote, "The next time you go to a psychiatrist, you may find yourself in the office of

someone who has never been taught how to talk with you about your problems or those of your family. Nor has he or she been trained to understand personal and family conflicts. Instead the doctor will listen, make some observations, jot down some notes, make a medical diagnosis, and prescribe a physical treatment." Further, he said, "Yet the only biochemical imbalances that we can identify with certainty in the brains of psychiatric patients are the ones produced by psychiatric treatment itself."[1201]

Dr. Breggin asked, "What will happen to the well-being and values of Americans if the 1990s become not the Decade of the Human Spirit and the Human Community but the Decade of the Brain?" He outlined the probabilities, which many of us have witnessed but have failed to fully recognize for exactly what it was, hindsight being so much more accurate:

1. Parents and teachers increasingly will surrender their responsibility for the care and education of children to mental health professionals when problems arise at home or at school.
2. Millions of children will end up on "legal" drugs or in psychiatric hospitals.
3. Untold numbers of children and adults will be saddled with the false conviction that they have genetic defects and lifelong "crossed wires" and "biochemical imbalances."
4. Innumerable adults with solvable personal problems will end up taking drugs, getting shock treatment, or being locked up in mental hospitals or all three.
5. Many millions of elderly people will be drugged and shocked into oblivion and hurried to a premature death, often while residing in nursing homes.
6. Psychiatrists will make renewed calls for an increase in lobotomy and other forms of psychiatry.
7. Droves of homeless people will be corralled into revamped, but still dreadful, state mental hospitals.
8. Organized psychiatry increasingly will become dominated by the interests of the multibillion pharmaceutical industry as the

1201. Peter R. Breggin, Toxic Psychiatry, Why Therapy, Empathy, and Love Must Replace the Drugs, Electroshock, and Biochemical Theories of the "New Psychiatry," St. Martin's Press, New York, 1991, pp. 11–12.

profession becomes wholly dependent on the drug companies for its survival.

9. Several million more Americans will suffer permanent brain damage from psychiatric drugs and electroshock while the profession denies that it is happening.[1202]

All of this screening, serving as a conduit for psychopharmacology, will only entice and persuade thousands of unwary, trusting parents to allow doctors to prescribe mind-mangling, suicide-inciting drugs for their children.

1202. Peter R. Breggin, Toxic Psychiatry, Why Therapy, Empathy, and Love Must Replace the Drugs, Electroshock, and Biochemical Theories of the "New Psychiatry," St. Martin's Press, New York, 1991, pp. 16–17.

Connecticut's Psycho-Pharma Cover-Up

The Lanza shooting is probably the highest profile case that Connecticut has ever experienced. With any event, there are the five significant questions: what, then where, how, who, and why. Regarding the mass shooting at the Sandy Hook Elementary School, for those who have read the report, though heavily redacted, and from what we have gathered from the media, we know the answers to all the five questions except *why*—what motivated Adam Lanza to go on a murderous rampage on December 14, 2012, and kill twenty-eight people, including himself?

In his final report, state's attorney Stephen J. Sedensky said, "Why did the shooter murder twenty-seven people, including twenty children? Unfortunately, that question may never be answered conclusively."[1203] On the contrary, I believe that there are very concrete and conclusive reasons for Adam Lanza's behavior.

There was a petition on the White House website in December 2012 to formally investigate the link between psychopharmaceutical products and violence. Without explanation, someone removed it when it had acquired almost the requisite number of signatures. Perhaps the government is deliberately suppressing research into the correlation between psychiatric drugs and mass shootings.[1204]

AbleChild cofounder Sheila Matthews sent a hand-delivered four-page comprehensive letter, dated March 5, 2013, to Dr. H. Wayne

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1203. Report of the State's Attorney for the Judicial District of Danbury on the Shootings at Sandy Hook Elementary School and 36 Yogananda Street, Newtown, Connecticut on December 14, 2012, Office of the State's Attorney Judicial District of Danbury, Stephen J. Sedensky III, State's Attorney, November 25, 2013, p. 3.

1204. Philip Hickey, Ph.D., *Sandy Hook Massacre: The Unanswered Question*, January 6, 2014, http://www.cchrint.org/2014/01/07/sandy-hook-massacre-the-unanswered-question, viewed 1/14/2014.

Carver, Connecticut's chief medical examiner, requesting the "release of the autopsy, toxicology, and prescription drug history records of Adam Lanza."[1205] On April 4, AbleChild and Jonathan W. Emord filed a twenty-six-page appeal using the Connecticut Freedom of Information Commission (FOIC) to obtain the records.[1206]

AbleChild cited thirty-one acts of violence, including at least fourteen school shootings that were committed by individuals taking or withdrawing from psychiatric drugs, which resulted in 162 wounded and 72 deaths. Between 2004 and 2011, there were nearly 13,000 reports to the FDA's MedWatch system that psychiatric drugs had possibly caused violent side effects, including homicide, mania, and aggressive behavior. Twenty-two international drug regulatory warnings have been issued on psychiatric drugs, including violent behavior, mania, psychosis, and homicidal ideation.[1207] The FDA, "America's purported drug watchdog," has ignored the "devastating toxicity of the antipsychotic drugs" and has unleashed a pandemic on America.[1208]

Matthews and Emord's request for Lanza's toxicology report prompted the FOIC hearing: AbleChild versus the State of Connecticut Office of the Chief Medical Examiner on August 22, 2013. Officials acknowledged that they had confiscated medical records from the Lanza home but steadfastly refused to make them public.

Connecticut assistant attorney general, a law school graduate in 1986 and a lawyer in Connecticut since 1988, has been one of the many assistant attorney generals since at least June 23, 1993.[1209] When I called

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1205. Sheila Matthews, Request for release of the autopsy, toxicology, and prescription drug history records of Adam Lanza, March 5, 2013, http://ww1.prweb.com/prfiles/2013/03/14/10534438/medical-examiner-request-for-lanza-toxicology-and-autopsy-records.pdf, viewed April 5, 2014.

1206. Jonathan W. Emord, https://www.copy.com/s/27LTnmvbBY6T72vv/Emord-and-Associates-AbleChild-Appeal-to-FOIC.pdf, viewed 3/20/2014.

1207. Peter Arhangelsky, AbleChild Seeks Release of Newtown Shooter's Medical Records, http://emord.com/blawg/ablechild-seeks-release-of-newtown-shooters-medical-records/, viewed 1/14/2014.

1208. Peter R. Breggin, *Brain Disabling Treatments in Psychiatry: Drugs, Electroshock, and the Psychopharmaceutical* Complex, Springer Publishing, New York, Kindle, 2007, p. 82.

1209. Patrick B. Kwanashie, http://www.ct.gov/ag/cwp/view.asp?A=1770&Q=281408, viewed 5/10/2014.

the attorney general's office to ask about the number of assistant attorney generals in Connecticut, the woman who answered the phone said there were about two hundred. According to the *Connecticut State Register and Manual* of 1998 and 2003, there were twenty assistant attorney generals working exclusively in the state's DHHS.[1210]

During the hearing with Matthews and Emord, Kwanashie, representing Connecticut's DHHS, rationalized the state's refusal to release Lanza's medical records and toxicology report. He said, "No matter how the outcome of the use of antidepressants or the causal link between the use of antidepressant and the kind of violence that took place in Newtown that's not a legitimate use of information, that information. You can't generalize from just one case. Even if you can conclusively establish that Adam Lanza's murderous actions were caused by antidepressants, you can't logically conclude from that, you know others would commit the same actions as a result of taking antidepressants, so it's simply not legitimate and not only is it not the use to which they are proposing to put the information not legitimate. It is harmful, because then you can cause a lot of people to stop taking their medications, stop cooperating with their treating physicians just because of the heinousness of what Adam Lanza did."[1211]

Kwanashie's remarks constitute an admission that Lanza was on psychiatric drugs, most likely on SSRI drugs. Otherwise, there is no justification for withholding such information from the public, and Kwanashie would not be concerned about patients stopping their medications or about SSRI drug side effects such as suicidality and violence. Previous to his possibly inadvertent disclosure, officials had reported that the autopsy on Lanza did not reveal any psychiatric drugs, at least none that were not therapeutic. The state cannot have it both ways.

Dr. Peter R. Breggin wrote, "In May 1990, the FDA required the manufacturer of Prozac, Eli Lilly and Company, to add suicidal ideation and violent behaviors to the Post-introduction Reports section of its label. The section that listed violence and suicide as possible adverse drug

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1210. State of Connecticut, Office of the Attorney General, http://pview.findlaw.com/view/2058323_1; viewed 5/13/2014.

1211. Brief video of Kwanashie's remarks, published on September 23, 2013, https://www.youtube.com/watch?v=ruMLt_PpU28, viewed 5/13/2014. See full hearing: http://ct-n.com/ctnplayer.asp?odID=9336, viewed 5/13/2014.

reactions began with a caveat that the reported reactions 'may have no *causal* relationship with the drug.'" The FDA's initial draft read, "A causal role for antidepressants in inducing suicidality has been established in pediatric patients" (Lenzer, 2005). The draft said that suicidality had been established and used the phrase causal. Dr. Breggin has testified in many court cases, and in every case, during the deposition, the drug companies attempted to "dismiss any scientific conclusions about drugs inducing suicidality, unless the conclusion used the term causal."[1212] By law, all drug companies must notify the FDA within fifteen days of any serious new adverse drug reactions as part of phase four of their clinical trials, the post-marketing surveillance. Prozac's label concedes that the risk of suicide exists but explicitly and deceptively states that no causality has been proven.[1213]

The state's attorney released a summary of the official report on November 25, 2013, and the Connecticut State Police released a comprehensive report on December 27, 2013.[1214] There are about 7,000 pages that detail the investigation, including officer's reports, search warrants, audio files, hundreds of PDF files, images, literally a massive amount of data.

The state police's report only provided heavily redacted records, probably incomplete, of Lanza's mental health treatment up to the age of fifteen, not including his September 2005 admission to the Danbury emergency room. That implies that Governor Malloy's commission did not really have sufficient information on which to evaluate changes to the state's mental health system.[1215] The *Hartford Courant* reports that it has three years of medical information that authorities have not made available. The newspaper "obtained exclusive information from medical and school records that have for months been kept secret by agencies investigating the shootings." The official report states that authorities

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1212. Peter R. Breggin; Ginger Ross Breggin, *Talking Back to Prozac: What Doctors Won't Tell You about Prozac and the Newer Antidepressants*, Open Road Media, New York, Kindle, 2014, Locations 121–124.

1213. Ibid., Locations 4739–4743.

1214. Connecticut State Police Report, http://cspsandyhookreport.ct.gov/, viewed 2/23/2014.

1215. Sheila Matthews, Lanza's Medical Records Too Many Unanswered Questions, January 11, 2014, http://ablechild.org/tag/adam-lanza-medical-records, viewed 4/19/2014.

acquired medical/mental health records from the Lanza home and also from Peter Lanza soon after the incident.[1216]

On December 20, 2012, Senator Scott Frantz stated "that mental health providers will get a slight boost in the wake of the shootings and will have no funding cuts despite the fact that, it has not been determined if there was direct connection between that and the massacre." Obama promised $100 million via an executive order to "make it easier to access mental health services."[1217] Connecticut will use this $100 million to improve access to mental health services. The *Hartford Courant*'s article, on June 20, 2013, titled "Adam Lanza's Medical Records Reveal Growing Anxiety" and yet he had been screened and had access to mental health services for years. In September of his eighth-grade year, when he was thirteen, Nancy Lanza took him to the emergency room at Danbury Hospital for an evaluation. She told the doctors that Adam was racked by anxiety. The physicians asked Lanza the standard questions, if he was suicidal or if he would hurt others to which he answered no.[1218]

On February 6, 2014, the *Connecticut News Times* suggested that the State wants to conceal public information about homicides, evidenced by its unwillingness to reveal Lanza's mental health records.[1219] Certainly, the public has a right to know if he was taking any psychiatric mind-altering drugs and conscientious lawmakers should also use these records in order to make "informed decisions" about mental health legislation. While the state intends to increase mental health funding, exploiting Lanza and the Sandy Hook event, AbleChild has ascertained that Lanza did not

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1216. Ibid.

1217. Sheila Matthews, Presidential Executive Orders in Mental Health: A History of Failures, December 26, 2013, http://ablechild.org/2013/12/26/presidential-executive-orders-in-mental-health-a-history-of-failures, viewed 4/26/2014.

1218. Adam Lanza's Medical Records Reveal Growing Anxiety, http://articles.courant.com/2013-06-30/news/hc-adam-lanza-pediatric-records-20130629_1_nancy-lanza-adam-lanza-danbury-hospital, viewed 4/26/2014.

1219. unwillingness to reveal Lanza's mental health records, Connecticut News Times, http://www.newstimes.com/printpromotion/article/Privacy-access-on-Assembly-agenda-5209300.php, viewed 3/20/2014.

use any state mental health services as information indicates that private insurance paid for his mental health care.[1220]

AbleChild has repeatedly attempted to introduce legislation in Connecticut to alert its citizens of the FDA's Federal MedWatch System.[1221] Less than 1 percent of people who have adverse drug reactions (ADRs) report them to the FDA, probably because people are unaware of the reporting system. It is really questionable whether the government and the drug industry really want to hear about ADRs. If only a very small percentage of people who have suffered adverse reactions report to MedWatch, then the actual number is in the tens of thousands.

On February 18, 2014, Matthews was set to testify before the Public Safety and Security Committee about the system and why law enforcement personnel should know about its existence. Previously, AbleChild submitted documents to the committee before its deadline for prospective bills. The committee somehow lost AbleChild's written testimony and legislative paperwork. However, the committee was more *vigilant* and preserved the proposals from NAMI, which seeks greater access to prescription drugs for everyone. When Nancy Lanza reported the adverse reactions that Adam suffered after taking a psychiatric drug, Yale did not advise her to report this to the MedWatch System.

Dr. Lee Kirksey says that statistics show that up to 25 percent of insured children are on some medication (asthma, attention deficit, and diabetes are the most common condition). Fifty-one percent of all insured Americans (including children) take at least one prescription drug. Twenty percent of insured Americans take three or more prescription drugs. Seventy-five percent of older adults take one or more prescription drugs. Twenty-five percent of older adults take five or more meds on a regular basis (28 percent of women and 22 percent of men). Older adults, a big target for the pharmaceutical industry, are less able to metabolize drugs as well as younger people so those drugs remain in their system.

1220. Sheila Matthews, Is Lanza's Psychiatrist's Drugging Indicative of Connecticut's Mental Health Services?, February 6, 2014, http://ablechild.org/tag/adam-lanza-medical-records, http://ablechild.org/tag/adam-lanza-medical-records, viewed 4/19/2014.

1221. MedWatch System, http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM349464.pdf, viewed 3/9/2014.

Older people are hospitalized seven times more often for an adverse drug reaction than younger individuals.[1222]

Reporters may not obtain information about an individual's drug use, allegedly due to patient privilege, even dead patients. The psychopharmaceutical/government/media complex conceals the connection between psych drugs and mass shootings. Yet professional sports team officials regularly monitor, report, and temporarily suspend athletes for using "performance enhancement drugs" while employers conduct blood and urine tests for "recreational drugs." The triple alliance, evidently selecting its priorities, permits the release of that information so that dedicated fans might be kept well informed, but the devious alliance seems determined to maintain silence and keep the public ignorant about the deadly ties between psych drugs and violence. This allows the drug industry to avoid negative press that would jeopardize its $80 billion a year profits.[1223] Parents suffer the devastating loss of slaughtered children and may never understand the medical mechanism of such acts, but as long as the sports fans are well informed and continue to support their favorite teams, the profits will continue to accumulate.

1222. Lee Kirksey, MD, An Over Medicated Nation, May 16, 2009 http://www.medhelp.org/user_journals/show/89683/An-Over-Medicated-Nation; viewed 7/24/2014.

1223. Emma Bragdon, The Connection Between Psychiatric Medications & Violence: Rooting Out the Causes of the Newtown Massacre, Elephant Journal, December 22, 2012, http://www.elephantjournal.com/2012/12/the-connection-between-psychiatric-medications-and-violence-rooting-out-the-causes-of-the-newtown-massacre-emma-bragdon, viewed 4/20/2014.

The Stacked Sandy Hook Advisory Commission

Following the commission of a major crime or event that affects the public, authorities have an obligation to conduct a criminal investigation. Often, after that investigation, officials often convene a consensus-building commission of "experts" to initiate public policies based on the motives/causes of the crime or event. Once the commission is convened, the unwary public often abandons its queries to wait for answers, assuming that officials have better access to essential data. Surely, it can, with all of its power, reassure the querying community and provide all the much-needed information for the well-being and confidence of the community. Historically, officials convene commissions, appointing predisposed participants, who will, seemingly of their own volition, arrive at a consensus. The panel ultimately presents a consensus that then becomes the "official" rendition, such as in the Warren, Roberts, or 9/11 commissions.

On January 3, 2013, Connecticut governor Dannel P. Malloy, who took office on January 5, 2011, established the Sandy Hook Advisory Commission (SHAC), an "expert panel," comprised of those he viewed as capable of reviewing the "current policy" and then to "make specific recommendations" in three "areas of public safety," paying "particular attention" to (1) school safety, (2) mental health, and (3) gun violence prevention.[1224] Evidently, he felt that the mental health of the shooter was a factor. Malloy appointed Scott Jackson, who was elected as the mayor of Hamden in November 2009, as the facilitator of the sixteen-member SHAC. In November 2010, governor-elect Malloy had appointed Jackson to his transition steering committee. He obviously had confidence in

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1224. Gov. Malloy Creates Sandy Hook Advisory Commission to Address Key Policy Areas in Violence Prevention, January 3, 2013, http://www.governor.ct.gov/malloy/cwp/view.asp?Q=516230&A=4010, viewed March 11, 2014.

his organizational skills and his abilities to achieve a consensus in a very emotionally charged environment following the shootings.[1225]

Jackson was not new to politics. He worked for Senator Joseph I. Lieberman (1993–2000) and then left for another opportunity but returned in 2003 for another year. One month after 9/11, Lieberman, a Yale graduate, led the fight to create a new Department of Homeland Security (DHS) and introduced legislation to reorganize the government, which the administration endorsed in 2002. In 2006, senators Lieberman and Susan Collins drafted legislation to reshape FEMA and elevate it to special status within the DHS, giving it the task for all phases of emergency management. Lieberman pressured the DHHS to distribute vaccines during the H1N1 influenza pandemic. Lieberman's wife, Hadassah (nee Freilich), was a director of Policy, Planning, and Communications at Pfizer. She was also a lobbyist for APCO Associates, which provides services for many pharmaceutical corporations and four major drug companies. In March 2005, she became a "senior counselor" for Hill & Knowlton in its "health care and pharmaceuticals practice."

In the January session, 2013, probably as a result of Newtown, Senator Toni Nathaniel Harp and Representative Toni E. Walker, of the Connecticut General Assembly, introduced Bill 374, "requiring behavioural health assessments for children." These psychiatric screenings applied to public school students in the sixth through the twelfth grades and to home-schooled children at ages twelve, fourteen, and seventeen.[1226] They must have viewed home-schooled children as less of a risk. In addition to recording academic scores, the bill also obliged the state board of education to record the assessments. Experience shows that such assessments often result in the prescribing of psych drugs.[1227] The law would compel parents to allow the government to determine the behavioral standards and thought processes of their children. On January 23, the bill would be referred to the Joint Committee on Public Health, which failed in committee.

1225. Keith M. Phaneuf, Malloy unveils transition team, November 22, 2010, http://inthistogetherct.org/2010/11/malloy-unveils-transition-team, viewed 4/19/2014.

1226. Bill 374, http://www.cga.ct.gov/2013/TOB/s/pdf/2013SB-00374-R00-SB.pdf, viewed 3/10/2014.

1227. Proposed Bill No. 374, http://www.cga.ct.gov/2013/TOB/S/2013SB-00374-R00-SB.htm, viewed 3/10/2014.

Meanwhile, on January 8, 2013, Malloy appointed Dr. Ezra Griffith, professor emeritus of and senior research scientist in psychiatry at Yale University, to participate on the SHAC.[1228] Others from the Yale Child Study Center offered testimony, which seems ironic and certainly suggests a conflict of interest, given that Lanza was previously a patient there.[1229] Other members included the following: Dr. Adrienne Bentman, director, Adult Psychiatry Residency Program, Hartford Hospital's Institute of Living; Ron Chivinski, teacher; Robert Ducibella; Terry Edelstein, a member of Three Branch home team; and Kathleen Flaherty, staff attorney for the National Alliance on Mental Illness (NAMI) in Connecticut.[1230] Flaherty is also a state trainer, presenter, and facilitator at NAMI CT.[1231]

The Drug Industry-Funded NAMI

NAMI is fighting for more access to prescription psych drugs for all consumers. The drug industry has given over a $41 million to NAMI since 1996. A 1999 article states, "According to internal documents obtained by *Mother Jones*, eighteen drug firms gave NAMI a total of $11.72 million between 1996 and mid-1999. These include Janssen ($2.08 million), Novartis ($1.87 million), Pfizer ($1.3 million), Abbott Laboratories ($1.24 million), Wyeth-Ayerst Pharmaceuticals ($658,000), and Bristol-Myers Squibb ($613,505). NAMI's leading donor is Eli Lilly and Company, maker of Prozac, which gave $2.87 million during that period." Lilly paid Jerry Radke, a Lilly executive, to manage some of the operations in the NAMI headquarters.[1232]

1228. Sandy Hook Advisory Commission, http://www.governor.ct.gov/malloy/cwp/view.asp?a=3997&q=516496, viewed 7/14/2014.

1229. New Information about Adam Lanza's Mental Health Treatment Reveals Multiple Drugs, March 11, 2014, http://ablechild.org/tag/adam-lanza-medical-records, viewed 4/19/2014.

1230. National Alliance on Mental Illness-Connecticut, http://www.ct.gov/dmhas/lib/dmhas/publications/NAMIprograms.pdf, viewed 5/26/2014.

1231. Kathleen Flaherty, Associate Executive Director at Connecticut Legal Rights Project, http://www.linkedin.com/in/kmflaherty, viewed 10/7/2014.

1232. Ken Silverstein, *Prozac.org, An influential mental health nonprofit finds its 'grassroots' watered by pharmaceutical millions*, November/December 1999, http://www.motherjones.com/politics/1999/11/prozacorg#disqus_thread, viewed 5/24/2014.

NAMI of Connecticut works with the Connecticut Alliance to Benefit Law Enforcement (CABLE) and the Crisis Intervention Team Training Program (CIT). NAMI receives funding from the Division of Mental Health and Addiction Services (DMHAS) and is helping CABLE to expand the CIT crisis intervention and jail diversion initiative throughout in the state. CABLE's 40-hour CIT training "focuses on the biological basis of serious mental illness in both children and adults, offers police officers techniques to de-escalate violent or stressful interactions with individuals with mental illness and encourages partnerships with local support and medical intervention resources to divert a person with serious mental illness to a safe environment." NAMI in Connecticut also provides a free ten-session course that "focuses on mental illness education that targets front-line mental health provider staff and presents family members as key natural supports to enhance a treatment plan and is aligned with the recovery model supported by DMHAS." There are over thirty-five NAMI-CT-sponsored support groups in the state.[1233]

Other Members of SHAC

Other SHAC members include Dr. Alice M. Forrester of the Clifford W. Beers Guidance Clinic, Inc.; Patricia Keavney-Maruca of the state board of education; Christopher Lyddy of Advanced Trauma Solutions Inc., which is the exclusive licensed provider of the TARGET treatment model; Denis McCarthy, the fire chief of Norwalk; Barbara O'Connor, the director of public safety and chief of police; Wayne Sandford, a professor at the University of New Haven and a former deputy commissioner of Emergency Management and Homeland Security for Connecticut; Dr. David J. Schonfeld, the pediatrician in chief, St. Christopher's Hospital for Children; Bernard R. Sullivan, the former chief of police, Hartford; and Dr. Harold I. Schwartz, the psychiatrist in chief at the Institute of Living.

Dr. Schwartz is the author of *Psychiatric Practice under Fire: The Influence of Government, the Media, and Special Interests on Somatic Therapies* (1994), which the American Psychiatric Press published. It is the APA subsidiary that also publishes the *DSM*. Schwartz has the

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1233. National Alliance on Mental Illness-Connecticut, pp. 1-2 http://www.ct.gov/dmhas/lib/dmhas/publications/NAMIprograms.pdf, viewed 5/26/2014.

distinction of being a Distinguished Fellow of the APA, which is an honorary designation that the APA Membership Committee and the Board of Trustees created to "recognize early career members who have demonstrated allegiance to their profession and commitment to the ongoing work of the Association."[1234]

Dr. Schwartz is a hospital executive and a longtime member of the APA, an organization that usually promotes prescription drugs instead of talk therapy. In addition to his position at the Institute of Living, Dr. Schwartz is currently the psychiatrist in chief and a regional vice president of the Hartford HealthCare (HHC) Behavioral Health Network and a professor of psychiatry at the University of Connecticut School of Medicine and professor of psychiatry, adjunct, in the Yale University School of Medicine. He has been director of the Department of Psychiatry at Hartford Hospital since 1989 and has been an advocate for psychiatric patients, psychiatric services, and the profession of psychiatry. He is a past president of the Connecticut Psychiatric Society and was the legislative chair for twenty years. He was also the president of the Tri-State Chapter of the American Academy of Psychiatry and the Law and on the board of directors of the National Association of Psychiatric Health Systems.[1235]

The commission's attorney, Daniel J. Klau, appointed his law firm, McElroy, Deutsch, Mulvaney & Carpenter, to organize the Connecticut State Police's (CSP) official report documents. Klau's firm represents nineteen pharmaceutical companies, including Merck, Novartis, Abbott, and Johnson & Johnson, which appears to present a huge conflict of interest. Perhaps Klau should recuse himself or should not have been selected as a member of the SHAC. Each member should have disclosed his or her financial connections and/or other questionable links to

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1234. American Psychiatric Association, http://www.ctpsych.org/advocacy/Documents/FellowshipGuidelinesandNominationForm.pdf; http://www.ctpsych.org/membership/Pages/APAFellowsDistinguishedFellows.aspx, viewed 5/17/2014.

1235. Harold I. Schwartz, M.D., Psychiatrist-in-Chief, Institute of living, Vice President, Behavioral Health Hartford Hospital http://www.harthosp.org/Portals/1/Images/10/Bios/HankSchwartz.pdf, viewed 5/17/2014.

the pharmaceutical industry.[1236] Schwartz said that Klau's law firm volunteered to catalog the state police documents into an electronic database that is sortable on a computer.[1237]

On January 24, 2013, Mayor Jackson, at the commission's first meeting, said, "We must bring about change through a thoughtful and comprehensive debate, one that looks at not only how we can prevent gun violence, but how also we can fix our mental health system." He announced that Malloy wanted a completed report from SHAC by June 2014.[1238] Presumably, the mental health care system was ineffective and needed revamping of some kind—perhaps more drugs, intervention, and mental health screening. If the governor and other officials intended that the participants have "a thoughtful and comprehensive debate," one must wonder why the commission was totally composed of like-minded people regarding mental health.

After Jackson's introduction, former Denver district attorney and member of the Columbine Commission Bill Ritter, in preparation for his remarks at the meeting, said that he reviewed the recommendations from the 139-page final report from Columbine to share. Prof. Richard Bonnie, of the Institute of Law, Psychiatry, and Public Policy at the University of Virginia and chair of the Virginia Commission on Mental Health Law Reform and consultant to the Virginia Tech Review Panel said that it was important to "take action quickly and decisively." He also said, "Tragedy creates opportunity . . . for fundamental reforms." In the 118-page report of that very first meeting, there was no mention of psychiatric drugs and their potential connection to Columbine, Virginia Tech, or Sandy Hook.[1239]

1236. Sheila Matthews, Lanza's Medical Records Too Many Unanswered Questions, January 11, 2014, http://ablechild.org/tag/adam-lanza-medical-records, viewed 4/19/2014

1237. Jon Lender, *Newtown Massacre Panel Hampered By Secrecy, Lack Of Funds Malloy's Sandy Hook Agency Can't Get Full Info From His Own Executive-Branch Police Agency*, Government Watch, March 15, 2014, http://www.courant.com/news/politics/hc-lender-newtown-panel-blocked-0316-20140315,0,4828793,full.column, viewed 4/24/2014

1238. Sandy Hook Advisory Commission, January 24, 2013, 10:30 AM, Legislative Office Building, Hartford, CT, http://www.governor.ct.gov/malloy/cwp/view.asp?a=3997&q=516496, viewed 5/20/2014

1239. Ibid

On January 25, 2013, Chief Matthew Reed of the South Windsor Police Department and representing the Connecticut Police Chiefs Association (CPCA) offered testimony about building safety, alarm systems, and various other building-oriented issues relative to schools. On January 28, 2013, Anthony J. Salvatore, the chief of police for Cromwell, and also representing the CPCA, presented testimony and suggested fourteen tactics in an attempt to eliminate violence. He said that law enforcement "should be exempt from any restrictions as to weapons, magazine capacity and ammunition." Other CPCA representatives presented a slide show focusing on potential gun legislation, most of which suggested disarming the citizens.[1240]

Evidently believing that mental health care was inaccessible to too many people in the state, Mary Denise Moller, a psychiatric mental health APRN (psychiatric clinical nurse specialist), presented the following arguments from Victoria Veltri's *State Healthcare Advocate Findings and Recommendations: Access to Mental Health and Substance Use Services*, which was published on January 2, 2013:

- Lack of available physicians willing to enter into the legislatively mandated collaborative relationship.
- A two-tiered reimbursement system (public and private) with no reimbursement for uninsured patients, thus impeding access to care.
- Lack of planning for community-based care for thousands of patients who have been deinstitutionalized as well as lack of provision for acute-care services when these individuals experience a relapse of their chronic psychiatric condition—and criminalization of individuals with mental illness.
- Dramatic decreases in state budget funding for community-based care, the loss of the STEP program and IOP services for uninsured patients, forcing them to go to the ED for services.
- Lack of providers trained in children's psychiatric care—six-month waits are not uncommon.[1241]

1240. Ibid

1241. Victoria Veltri JD, LLM, Office of the Healthcare Advocate, *State Healthcare Advocate Findings and Recommendations: Access to Mental Health and Substance Use Services*, January 2, 2013, p. 15 http://www.governor.ct.gov/malloy/cwp/view.asp?a=3997&q=516496, viewed 5/20/2014.

On page 23, Veltri states, "DMHAS has implemented statewide, the evidence-based practice, Integrated Dual Disorder Treatment (IDDT), for people who have co-occurring mental health and substance use disorders in mental health treatment settings. Several witnesses testified that the lack of services such as IDDT, Intensive In-Home Child and Adolescent Psychiatric Services (IICAPs) and other community based services, resulted in emergency admissions to hospitals or psychiatric hospitals that might have been prevented. There is no coverage for these or other evidence based therapies such as Extended Day Treatment (EDT), Multi Systemic Therapy (MST), Functional Family Therapy (FFT), and Multi-Dimensional Family Therapy (MDFT) for the commercially insured population."[1242]

There was no mention of psych drugs and any potential association to the tragedy in the 203-page transcript of the second meeting on February 15, 2013, or the third meeting on February 22, or in the transcript of the fourth meeting on March 8, 2013. The only reference to drugs was to illegal drugs, gang violence, and bullying, which seems rather irrelevant to Sandy Hook Elementary School, at least regarding bullying, which can even occur in an elementary school that serves kindergarten through fourth grades.[1243] One of the first tasks of SHAC was to propose gun restrictions for the prevention of violence, which led to legislative and policy changes. Thereafter, it would evaluate current policy and make specific recommendations for increased mental health for every citizen.

Task Force to Study the Provision of Behavioral Health Services Public Act 13-3

As a result of the efforts of SHAC, the Connecticut General Assembly passed Public Act 13-3 on April 4, 2013. The law, strictly dealing with the gun issue, was titled An Act Concerning Gun Violence Prevention and Children's Safety. The Task Force to Study the Provision of Behavioral Health Services for Young Adults (BHTF) was directed to focus on behavioral health services for young people ages sixteen

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1242. Ibid., p. 23 http://www.governor.ct.gov/malloy/cwp/view.asp?a=3997&q=516496, viewed 5/20/2014.

1243. Sandy Hook Advisory Commission, January 24, 2013, 10:30 AM, Legislative Office Building, Hartford, CT, http://www.governor.ct.gov/malloy/cwp/view.asp?a=3997&q=516496, viewed 5/20/2014.

to twenty-five years old and was charged with analyzing and making proposals in thirteen specific areas. It would complete its objectives on July 1, 2014.[1244]

October 22, 2013, Dr. Daniel Connor and Dr. Sheryl Ryan, co-chairs for the BHTF, heard presentations from several insurance groups to determine coverage for more patients. The state-appointed members of the BHTF were Dr. Anton Alerte; Ashley Saunders; Ted Pappas; Judge Robert Killian Jr.; Cara Lynn Wescott; Stacey Adams; Dr. Aura Ardon; Dr. Richard Gonzales Jimenez; Marcy Kane, PhD; Kelly Phenix; and Laura Tordenti. Others who belonged to the BHTF, by virtue of their positions within the state, included Victoria Veltri; Sarah Eagan; Tim Marshall; Patricia A. Rehmer; Marian Storch; Scott Newgass; and Anne Melissa Dowling.[1245] On November 5, 2013, the BHTF discussed recommendations on improving behavioral health screening, early intervention, treatment, management services, and delivery systems for behavioral health services.[1246]

PA 13-3 makes extensive changes to the state's firearm laws. The major changes concern assault weapons, long guns (rifles and shotguns), large-capacity magazines (LCMs), and gun crimes. Among other things, the act

1. significantly expands the state's assault weapons ban;
2. bans the sale, purchase, or transfer of LCMs that can hold more than ten bullets, but allows people who lawfully possess them to declare them to the Department of Emergency Services and Public Protection's ("DESPP") and keep them;
3. mandates the establishment of a DESPP deadly weapon offender registry of people convicted of a crime involving a deadly weapon, or found not guilty of such a crime by reason of mental disease or defect;
4. requires anyone buying a long gun from someone who is not a gun dealer to undergo a national criminal background check;

1244. Public Act 13-3, http://www.cga.ct.gov/2013/ACT/pa/pdf/2013PA-00003-R00SB-01160-PA.pdf, viewed 5/20/2014.

1245. Task Force to Study the Provision of Behavioral Health Services for Young Adults, http://www.cga.ct.gov/ph/BHTF/Summaries/BHTF%20Summary%2010-22-13.pdf, viewed 6/5/2014.

1246. Ibid.

5. starting October 1, 2013, requires anyone buying ammunition to have a state-issued gun credential;
6. prohibits sale of ammunition or ammunition magazines to anyone under age eighteen;
7. increases the penalty for gun-trafficking and several other gun-related crimes;
8. expands the law banning people from getting gun credentials or possessing firearms on mental health grounds;
9. expands the ban on the sale or other transfer of armor-piercing bullets;
10. prohibits people from storing firearms on their premises if they know or should know that a resident is ineligible to possess firearms unless they secure it so that the person cannot access them;
11. adds two members to the seven-member Board of Firearms Permit Examiners; and
12. appropriates $1 million to DESPP for FY 14 to fund the statewide firearms trafficking task force).[1247]

While gun legislation is significant, the passage of the mental health acts affects even more people, every single child in the public school system or under the state's jurisdiction. The implementation of additional mental health treatment through prescription psychiatric drugs will only benefit the psychopharmacology industry. The country does not need more psychiatric drugs. People need to understand the deadly impact that these drugs have had on the nation's children already, the cause behind many of the ongoing suicides and violence.

The following are government and or private agencies that evaluated Sandy Hook:

1. Sandy Hook Advisory Commission convened by Malloy on January 3, 2013

1247. Sandy Hook Advisory Commission, July 12, 2013, Louis R. Pepe and Daniel J. Klau, 2013 Legislative Acts Relevant to the Mission of the Sandy Hook Advisory Commission, http://www.governor.ct.gov/malloy/lib/malloy/SHAC_Doc_2013.07.12_Public_Acts_Summary.pdf, viewed 6/5/2014.

2. The Task Force to Study the Provision of Behavioral Health Services, PA 13-3
3. Behavioral Health Care for Connecticut's Children, PA 13-178
4. Child Fatality Review under the direction of Malloy-appointed Sarah Eagan, Connecticut's child advocate

The Connecticut legislature passed Public Act No. 13-178, effective July 1, 2013, regarding additional mental health for Connecticut children and families. The DCF, under Commissioner Joette Katz, would develop a "comprehensive implementation plan," to accommodate the mental, emotional, and behavioral health needs of the state's children. The DCF plans to include the following methods to "prevent or reduce the long-term negative impact of mental, emotional and behavioral health issues on children":

1. Use prevention-focused techniques, focusing on early identification and intervention.
2. Provide access to developmentally appropriate services.
3. Available care for mental, emotional, and behavioral health issues in children.
4. Improve the integration of school and community-based mental health services.
5. Increase early interventions, consumer input, and public information and accountability.

On July 8, 2013, Patricia A. Rehmer, of the DMHAS and also a member of the Task Force to Study the Provision of Behavioral Health Services for Young Adults BHTF, and Anne Melissa Dowling, a member of the BHTF[1248] and also a member of the Children's Behavioral Health Plan Advisory Committee (CBHAC)[1249] who is also the commissioner (designee) of the Connecticut Insurance Department, wrote to Jackson.

1248. Task Force to Study the Provision of Behavioral Health Services for Young Adults, April 2014, http://www.cga.ct.gov/ph/BHTF/docs/Final%20Report%20for%20the%20Task%20Force%20to%20Study%20the%20Provision%20of%20Behavioral%20Health%20Services%20for%20Young%20Adults.pdf. viewed 9/9/2014.

1249. Children's Behavioral Health Advisory Committee, http://www.ct.gov/dcf/lib/dcf/behavioral_health/pdf/march_minutes_2010.pdf, viewed 9/9/2014.

They referred to the "gaps" that exist among commercially insured Connecticut residents and suggested a study group, including experts from the University of Connecticut Health Center and the APA and its Connecticut chapter. This group would evaluate and then recommend further legislation to acquire mental health "non-quantitative" requirements that health insurers and HMOs must meet to offer more services, equal to other health services. The two state agencies believe that Connecticut should take the lead in mental health, gun safety, and school safety issues instead of waiting for "further federal action," in "light of the Sandy Hook tragedy." The agencies wanted to provide greater "mental health benefits to Connecticut individuals and employers."[1250]

Children's Behavioral Health Advisory Committee

The governor-appointed State Advisory Council (SAC) established the Children's Behavioral Health Advisory Committee (CBHAC) by legislative action, Public Act No. 00-188. The CBHAC began meeting in 2000, functioning in an "advisory capacity" to the State Advisory Council. The CBHAC is composed of state agency commissioners or their designees, "state legislature appointments, two members appointed by the Governor, and 16 members appointed by the State Advisory Council on Children and Families." Members serve two-year terms and must be "parents or relatives of a child who has or had a serious emotional disturbance or persons who had a serious emotional disturbance as a child." CBHAC has met on a monthly basis since October 2000, except during summer months.[1251]

The Children's Behavioral Health Plan Advisory Committee (CBHAC) is "to provide guidance on the development of the plan (Public Act 13-178)." The committee is supposed to "review and approve its elements" before presenting its recommendations to the legislature by October 1, 2014. The co-chairs were Judith C. Meyers and Doriana Vicedomini, with members Abby Anderson, Ronald Angoff, Patricia Baker, Tanya Barrett, Jenifer Bogin, Daniel Connor, Anne Melissa

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1250. State of Connecticut, Insurance Department, Department of Mental Health & Addiction Services, www.ct.gov/cid, www.ct.gov/dmhas, Letter to Mayor Scott Jackson, Sandy Hook Advisory Commission, July 8, 2013.

1251. Children's Behavioral Health Advisory Council, http://www.ct.gov/dcf/cwp/view.asp?a=2558&q=314346, viewed 10/24/2014.

Dowling, Sarah Eagan, Pamela Ferguson, Hector Glynn, Bill Halsey, Winston Johnson, Myra Jones-Taylor, Allon Kalisher, Mark Keenan, Steven Korn, Andrew Lustbader, Nelba Marquez-Greene, Melissa Mendez, Morna Murray, Janet Ortiz, Peter Panzarella, Robert Plant, Patricia A. Rehmer, Charlene Russell-Tucker, Ann Smith, Stephen Tracy, Victoria Veltri, Fred R. Volkmar, Celeste Warner, Mark White, Jesse White-Frese, and Elaine Zimmerman.[1252] Some of the people listed above are also on the Task Force to Study the Provision of Behavioral Health Services for Young Adults.[1253] [1254]

Mental Health in the Media

To add emphasis to the need for more mental health, on March 7, 2014, the Hartford HealthCare's (HHC) Behavioral Health Network hosted an event in the Connecticut Forum series called "An Honest Look at Mental Illness." Dr. Schwartz, psychiatrist in chief at the IOL, was on the panel, along with Royce White; Andrew Solomon, author of *The Noonday Demon: An Atlas of Depression* (2002); and Dr. Kay Redfield Jamison. Solomon is the only individual to whom Peter Lanza has thus far granted an interview.[1255] Solomon is the son of Howard Solomon, the

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1252. State of Connecticut PA 13-178, Children's Behavioral Health Plan, Advisory Committee Meeting, March 24, 2014, http://www.plan4children.org/wp-content/uploads/2014/02/CMH-Plan-Advisory-Committee-March-20141.pdf, viewed 4/19/2014.

1253. Task Force to Study the Provision of Behavioral Health Services for Young Adults, April 2014, http://www.cga.ct.gov/ph/BHTF/docs/Final%20Report%20for%20the%20Task%20Force%20to%20Study%20the%20Provision%20of%20Behavioral%20Health%20Services%20for%20Young%20Adults.pdf. viewed 9/9/2014.

1254. Joette Katz, DCF Commissioner, CHDI, Connecticut Children's Behavioral Health Plan, Prepared pursuant to Public Act 13-178, September 5, 2014, http://www.plan4children.org/wp-content/uploads/2014/10/CBH_PLAN_FINAL-_2_.pdf, viewed 10/24/2014 http://www.cga.ct.gov/ph/BHTF/Summaries/BHTF%20Summary%2011-05-13.pdf, http://www.cga.ct.gov/ph/BHTF/docs/Final%20Report%20for%20the%20Task%20Force%20to%20Study%20the%20Provision%20of%20Behavioral%20Health%20Services%20for%20Young%20Adults.pdf.

1255. Hartford Hospital, News and Notes, http://www.harthosp.org/PrintFriendly.aspx?viewprint=printpage&&printurl=/InstituteOfLiving/AboutUs/News/default.aspx, viewed 5/17/2014

CEO of Forest Laboratories since 1977, which sells Celexa, so there was a lot of Big Pharma money behind the book.[1256] Another son, David F. Solomon, is in charge of development and strategic planning at Forest.[1257]

One can easily presume that Solomon has biases. According to his book about his own depression, without the use of medication such as antidepressants, with intermittent zaps of ECT, there are few other options for the treatment of mental illness, some of which he refers to as "perfectly ludicrous."[1258] He claims that SSRIs "are structurally diverse and are all multifunctional"[1259] and work to "bring about higher brain levels of serotonin." He also claims that their current popularity "is due not to superior efficacy but to their low side-effect profile and their safety."[1260] He states that ECT does not have any "adverse interactions with other medications" and is especially "indicated for the elderly" as "it acts rapidly," and for the elderly "who may forget to take their medications," ECT is "much easier to control in this regard" and the elderly "respond well to ECT."[1261] He does not believe that "people commit suicide as a direct result of medication unless the suicidality has been strong in them for a long time."[1262]

John Dankosky, host of WNPR's *Where We Live*, moderated the panel. During the discussion, Dr. Schwartz said, "About one in four American adults suffers from a diagnosable mental disorder in a given year. There are dozens of such disorders, from depression and bipolar disorder to schizophrenia and panic attacks. By helping combat the stigma associated with mental illness, we can help increase the number of people who seek treatment." He listed several options for comprehensive care (including psych drugs) in the area and announced that HHC

1256. A CEO and His Son, http://www.businessweek.com/stories/2002-05-26/a-ceo-and-his-son, viewed 5/21/2014

1257. Forest Labs CEO Howard Solomon to retire, http://news.yahoo.com/forest-labs-ceo-howard-solomon-143421695.html, viewed 5/21/2014

1258. Andrew Solomon, The Noonday Demon, an Atlas of Depression, Scribner, New York, 2001, p. 135

1259. Ibid, p. 334

1260. Ibid, pp. 114-115

1261. Ibid, pp. 190-193

1262. Ibid, p. 252

launched a public campaign to Stop the Stigma with the goal of having 10,000 people take the pledge.[1263]

The website Stop the Stigma declares "an estimated 26.2 percent of Americans ages 18 and older—about one in four adults—suffer from a diagnosable mental disorder in a given year. In addition, mental disorders are the leading cause of disability in the U.S."[1264]

Department of Social Services

The Department of Public Health (DPH), under Commissioner Dr. Jewel Mullen, and the Department of Social Services (DSS), under Commissioner Roderick L. Bremby, will receive public funds and, through their collaborative efforts, will increase public awareness of the mental health issues of children within the state. With those public funds, they will create a database of available providers and treatment options. By April 15, 2014, DCF commissioner Joette Katz will report on the progress of "the implementation plan, in accordance with section 11-4a of the general statutes, to Governor Malloy and the joint standing committees of the General Assembly having cognizance of matters relating to children and appropriations."[1265]

On June 17, 2014, Representative Elizabeth Esty and Senators Richard Blumenthal and Chris Murphy announced a $7.1 million grant from the DOJ's Office for Victims of Crime to provide continuing help to Newtown residents. Some of the funds are to be used to enhance "school safety efforts" while other funds will "support new mental health services, specifically longer-term counseling for families, law enforcement, and first responders." Senator Murphy said, "Victims, witnesses, and first responders in Newtown need comprehensive mental health and counseling services to help them cope with this tragedy." First Selectman Pat Llodra said, "The award will help fund organizations providing mental health services for our residents." Candice Bohr, of the Newtown

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1263. Hartford Hospital, News and Notes, http://www.harthosp.org/PrintFriendly.aspx?viewprint=printpage&&printurl=/InstituteOfLiving/AboutUs/News/default.aspx, viewed 5/17/2014

1264. Stop the Stigma, http://www.stopthestigmact.org/, viewed 8/19/2014

1265. Substitute Senate Bill No. 972, Public Act No. 13-178, http://www.cga.ct.gov/2013/ACT/pa/pdf/2013PA-00178-R00SB-00972-PA.pdf, viewed 5/20/2014.

Youth and Family Services (NYFS), will use part of the grant to also hire additional counselors. The Waterbury-based Wellmore Behavioral Health quickly responded on December 14, 2012, with almost two dozen mental health professionals. Since then, Wellmore has counseled over 700 children, parents, educators and families.[1266]

Homeschooling, a Possible Factor?

On September 23, 2014, SHAC proposed stricter scrutiny of homeschooled children who have emotional, social, or behavioral issues in order to prevent another incident such as the one that occurred on December 14, 2014, as if homeschooling was a contributing factor. The commission determined that these children, as many as 5,000 in Connecticut, need to have "individualized educational plans approved by a special education director of the local public school district."[1267] Public schools typically want to exercise control over all the children within a school district. Parents have the right to make educational choices for their children who are compelled to submit to mandatory vaccines and are very often approached by teachers and school counselors who attempt to persuade parents to place their child on psych drugs so that the child will be more manageable.

Bill 374, "requiring behavioural health assessments for children," failed to pass the committee in January. Connecticut Public Act 13-178, a summary of which was released on September 5, 2014, encompasses everything imaginable, much more than what was in Bill 374.[1268] This group of "experts" could not have done a better job if they had been representing Eli Lilly or another drug giant. Like federal and local government officials throughout the country, this group, convened at the request of the governor, has chosen to represent the best interests of the

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1266. John Voket, Newtown Receives $7 Million Federal Grant For School Safety, Counseling Services, The Newtown Bee, June 17, 2014, http://newtownbee.com/news/news/2014/06/17/newtown-receives-7-million-federal-grant-school-sa/213332, viewed 6/20/2014.

1267. Sandy Hook Advisory Commission, September 23, 2014, http://www.governor.ct.gov/malloy/cwp/view.asp?a=3997&q=553586, viewed 10/3/2014.

1268. Connecticut PA 13-178, State Mental Health Planning Initiative, http://www.ct.gov/dcf/cwp/view.asp?A=2534&Q=530638, viewed 10/4/2014.

drug industry at the expense and well-being of the citizens of the state of Connecticut.

Predictably, based on the incidents at Sandy Hook, and perhaps encouraged by the SHAC consensus, "at least 37 states have increased spending on mental health, which includes mental health awareness programs, treatment options, and accessibility to services for children, educating teachers and students about how to identify mental illness." This is in addition to the gun control legislation. This is rather ironic, given that psychiatrists admit that they are unable to "accurately identify who is likely to become violent and that the diagnosis of 'mental illness' is not a precursor for violence."[1269]

[1269]. Kelly Patricia O'Meara, The Sandy Hook Shooting Calls for a Review of Psychiatric "Treatment"—Not an Increase in Mental Health Services, CCHR, February 25, 2014, http://www.cchrint.org/2014/02/25/sandy-hook-shooting-calls-for-a-review-of-psychiatric-treatment, viewed 3/15/2014.

Adam Lanza's Elusive Medical Records

Andrew Solomon wrote, "Inadequate gun control and poor mental-health care are problems that invariably define the debate after atrocities such as the one at Newtown."[1270] When the Connecticut state's attorney issued a report, in December, *CNN* announced, "Sandy Hook killer Adam Lanza took motive to his grave." A *Times* headline ran, CHILLING LOOK AT NEWTOWN KILLER, BUT NO "WHY."[1271]

Dr. David Healy said, "The mass treatment of problems with psychotropic drugs could not help running into problems. A rising tide of suicides, homicides, and other distressing deeds committed by patients taking Prozac led Eli Lilly and the APA to adopt a strategy to manage criticism that had been pioneered by analysts: blame the disease, not the drug." After Columbine (April 20, 1999), carried out by at least one teenager on an antidepressant, Rodrigo Munoz, the head of the APA made a statement on its website: "Despite a decade of research, there is little valid evidence to prove a causal relationship between the use of anti-depressant medications and destructive behavior. On the other hand, their [*sic*] is ample evidence that undiagnosed and untreated mental illness exacts a heavy toll on those who suffer from these disorders as well as those around them."[1272]

Given the media reaction following the Sandy Hook shootings, one would think that people ignored Adam Lanza's mental health needs. The fact is he had special services from the time he was a toddler. Records show that his mother took him to a psychiatrist when he was ten and

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1270. Andrew Solomon, The Reckoning, The father of the Sandy Hook killer searches for answers, March 17, 2014, http://www.newyorker.com/reporting/2014/03/17/140317fa_fact_solomon, viewed 4/22/2014.

1271. Ibid.

1272. David Healy, The Creation of Psychopharmacology, Harvard University Press, Cambridge, Massachusetts, Kindle, 2002, Locations 3640-3646.

had been receiving psychiatric care from the age of fifteen, including medication. These services probably increased his symptoms. Perhaps the problem is psych drugs, a commonality in the "dozens of high-profile shootings/killings." Instead of increasing what obviously does not work, as Kelly Patricia O'Meara suggests, federal officials should evaluate "the link between psychiatric drugs and acts of senseless violence." At least 11 percent of the children over the age of twelve are taking an antidepressant, and doctors prescribe a psychiatric drug to one in seventy preschoolers. This is all a result of the over-diagnosis of devised mental illnesses and the resulting mind-altering dangerous medicines that doctors prescribe with horrific results.[1273]

Peter and Nancy Lanza took their son Adam to see Dr. Paul J. Fox, a psychiatrist, on September 11, 2005. Dr. Fox diagnosed Adam with Asperger's syndrome, a diagnosis that Adam rejected. According to the official records, there was an e-mail between Dr. Fox and Nancy Lanza, dated February 1, 2007, when Lanza was discussing different treatments (drugs) for Adam. Should we assume that the e-mail was the last communication that Nancy Lanza had with Fox? The police did not conduct any follow-up or attempt to acquire records that may have shown treatment until the doctor surrendered his license on July 13, 2012.[1274] Fox and his wife, Faline Schneiderman, divorced in June 2012, after twenty-five years of marriage. Because of professional and personal indiscretions, Fox had to voluntarily relinquish his license to practice medicine in Connecticut and New York. Thereafter, he relocated to New Zealand. Apparently, the investigating detectives acquired Fox's contact information in New Zealand, perhaps from Fox's former wife.

On December 17, 2012, detectives interviewed Dr. Fox by phone and inquired about his association and treatment of Lanza in addition to asking about Lanza's medical records. Fox told the detective that he "vaguely recalls treating Adam Lanza." He also told the detective that the only records that he had in New Zealand were billing records. Fox

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1273. Kelly Patricia O'Meara, Connecticut Shooting— Wake Up Call for Federal Investigation of America's Failed Mental Health System, December 18, 2012, http://www.cchrint.org/2012/12/18/connecticut-shooting-failed-mental-health-system, viewed 6/26/2014.

1274. Sandy Hook Elementary School Shooting Reports, CFS 1200704559, Book 8, Investigation document, 00085896, http://cspsandyhookreport.ct.gov, viewed 3/1/2014.

explained that "all of his medical records pertaining to clients he treated in the United States are currently in storage in the United States." He did not disclose their location but said that he would request an "associate" to examine the files. On the following day, rather than wait for the detectives to call him back, Dr. Fox called the detective and told him that he was "allowed to destroy any files over five years old." Within just a day, Fox evidently recalled details about Adam Lanza and his age and then claimed that he had not treated him since 2007. Fox might have heard about the shootings on the news or received specific particulars from his family or friends.[1275]

Certainly, he had enough problems, noted in another chapter, that he did not need any more challenges and may have wanted to avoid further scrutiny of his professional ethics, especially if it might be a factor in the killings of twenty-seven people. When he first spoke with the detective, he said that all the records were in storage. Then the next day, he said that he had destroyed them. We do not know when Fox fled to New Zealand. I doubt that he would he have taken the time to go through his patient records to destroy any records of people that he had not seen for five years.

According to other state regulations of Connecticut State Agencies Medical Records 19a-14-42, Dr. Fox should have kept the records for seven years from the last day of treatment.[1276] If he saw Lanza at the age of fifteen in 2007, then he should have retained those medical records until 2014 or for three years after the patient's death. When Dr. Fox, Lanza's "primary psychiatrist," gave up his license, he "agreed to adhere to the regulations regarding medical records." The billing records might have provided significant data, yet the state did not attempt or were unsuccessful in obtaining them. It is possible that Fox continued to treat

1275. Ibid.

1276. Department of Public Health, http://www.ct.gov/dph/lib/dph/agency_regulations/sections/pdfs/title_19a._public_health_and_well-being/19a-09._medical_records.pdf, viewed 5/15/2014.

Lanza up until he gave up his license. Perhaps Lanza withdrew from whatever drugs he was on when Fox left, after July 13, 2012.[1277]

Given Fox's dubious integrity, I question his claims (1) that he had not seen Lanza since 2007 and (2) that he destroyed those specific records. If he had destroyed all patient records that were five years or older, he might have mentioned that to the detective the first time that he talked with him. Evidently, the authorities did not pursue any efforts to get any records from Fox or from his associate, the person who had access to Fox's records.

In March 2013, Matthews and Newtown resident Patricia Sabato collected hundreds of signatures from residents demanding the release of Lanza's medical, psychiatric, and toxicology/autopsy records. Yet Dr. Carver, Connecticut's chief medical examiner continues to deny the request without cause, despite federal and state laws requiring transparency and disclosure.[1278] CCHR has created a petition that one may sign.[1279] AbleChild cofounder Sheila Matthews sent a hand-delivered four-page comprehensive letter, dated March 5, 2013, to Dr. H. Wayne Carver, Connecticut's chief medical examiner, requesting the "release of the autopsy, toxicology, and prescription drug history records of Adam Lanza." Carver did not respond as hoped for, despite his legal obligation

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1277. Adam Lanza's Psychiatrist's Ethics Violations Raise Questions About the Legislature's Controversial Mental Health Increases, AbleChild Press Release, May 14, 2014, http://ablechild.org/2014/05/14/adam-lanzas-psychiatrists-ethics-violations-raise-questions-about-the-legislatures-controversial-mental-health-increases, viewed 5/16/2014, see also http://d3no3gvrzfecbz.cloudfront.net/wp-content/uploads/2014/05/FoxRecords.pdf.

1278. Thomas Henry, *Breaking: Connecticut State Official Appears to be Mind-controlled as he denies Release of Adam Lanza Medication History*; Natural News, September 25, 2013, viewed 4/16/2014

1279. Call for Federal Investigation of Psychiatric Drugs, School Shootings & Senseless Violence, http://www.thepetitionsite.com/967/364/876/, viewed 8/16/2014

to provide this information. She requested these documents by March 10, 2013, the statutory deadline for response.[1280] [1281]

On March 19, 2013, Dr. Carver denied AbleChild's request for information, claiming that records were private documents. He said that "AbleChild was not among a small group of individuals to whom the Medical Examiner had chosen to supply the requested information, that revealing that the information could have been disseminated outside the Office of the Chief Medical Examiner (OCME) based on an unarticulated system of preferences." On April 4, AbleChild, an advocacy group for the proper labeling of drugs, and attorney Jonathan W. Emord filed a twenty-six-page appeal using the Connecticut Freedom of Information Commission (FOIC) to obtain the records.[1282]

Matthews said, "The M.E. admitted toxicology testing could provide vital insight into Adam Lanza's mental state, but in denying our request, it appears that he is the only one worthy of knowing that insight. We disagree and absolutely believe the public has a right to know the results . . . lives may depend on it."[1283] Carver offered only a cover sheet and independently made the decision as to what was relevant information acquired from the toxicology report. Publicly, he stated that the toxicology report showed that Lanza's body showed no evidence of prescription drug use. Then why not release the specifics?

On May 13, 2013, Dave Altimari, a staff writer for the *Hartford Courant*, wrote about Dr. Carver's toxicology results from the Lanza autopsy on December 16, 2012. Altimari wrote, "Law enforcement sources familiar with the test results said that Lanza, 20, had no traces of alcohol or any illegal drugs such as cocaine or marijuana in his body. The

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1280. Sheila Matthews, Request for release of the autopsy, toxicology, and prescription drug history records of Adam Lanza, March 5, 2013, http://ww1.prweb.com/prfiles/2013/03/14/10534438/medical-examiner-request-for-lanza-toxicology-and-autopsy-records.pdf, viewed April 5, 2014

1281. Hand Delivery, H. Wayne Carver II, M.D., Chief Medical Examiner, Office of the Chief Medical Examiner 11 Shuttle Road, Farmington, Connecticut 06032, http://www.cchrint.org/pdfs/medical-examiner-request-for-lanza-toxicology-and-autopsy-records.pdf, viewed 4/15/2014

1282. Jonathan W. Emord, https://www.copy.com/s/27LTnmvbBY6T72vv/Emord-and-Associates-AbleChild-Appeal-to-FOIC.pdf, viewed 3/20/2014

1283. Kelly Patricia O'Meara, Parents File Appeal Against Connecticut Medical Examiner's Refusal to Release Adam Lanza Toxicology Result, CCHR, April 5, 2013, https://www.cchrint.org/2013/04/05, viewed 4/20/2014

sources also said that there is no trace of antidepressants or anti-psychotic medications."[1284]

Altimari also reported that Mary Ellen O'Toole, a former FBI profiler, stated that she was not "surprised to learn that Lanza had a clean toxicology test, noting that shooters in other recent mass killings also tested clean." She said that "other mass shooters have had histories of antidepressant use but acknowledged going off their medications because they 'wanted to have a clear head' during their attacks." O'Toole said Lanza's test results support the theory that Lanza's attack was focused and well planned. She said, "His thinking was not blurred or flawed in anyway." Further, she said, "The absence of anything in Lanza's system is consistent with someone thinking that 'I want to kill as many people as I can.'"[1285]

One official, unauthorized "to publicly disclose the information," confirmed, on conditions of anonymity, that the toxicology tests were completed in late April 2013 and the "results were turned over to Danbury State's Attorney Stephen Sedensky III, who is leading the investigation." The official said that "some victims' relatives were notified of the test results."[1286]

Reiterating, on August 22, 2013, Connecticut assistant attorney general Patrick B. Kwanashie, during a freedom of information hearing on this matter, stated that releasing information about Lanza's prescription drug use could "cause a lot of people to stop taking their medications." It is very significant that the state denied a freedom of information request. The Lanza shooting is probably the highest-profile case that Connecticut has experienced in decades. It seems to confirm that Lanza was taking or was withdrawing from a psych drug around the time of the shootings. Yet the State of Connecticut will not release this

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1284. Dave Altimari, Sandy Hook Shooter Adam Lanza Had No Drugs, Alcohol In System, Hartford Courant, May 13, 2013, http://articles.courant.com/2013-05-13/news/hc-adam-lanza-toxicology-20130513_1_nancy-lanza-adam-lanza-no-drugs, viewed 8/15/2014

1285. Ibid.

1286. Dave Collins, Adam Lanza Toxicology Test Shows No Drugs, Alcohol, Prescription Meds In Shooter's Body: Officials, Huffington Post, May 21, 2013, http://www.huffingtonpost.com/2013/05/21/adam-lanza-drugs-alcohol_n_3313088.html, viewed 6/30/2014.

information because it "might induce large numbers of people to stop taking antidepressants."[1287]

The official report, released December 27, 2013, lacked any details about Lanza's medical/mental condition except a reference to an early diagnosis and two psych drug prescriptions. There appear to be no clinical medical records for Lanza since February 2007. Neither the state attorney's office nor the state police mention any mental health services for Lanza when it should have been a major concern in such a massive crime and certainly would have benefitted the SHAC. Dr. Schwartz suggested that the committee try to acquire the records from Peter Lanza, as those records might indicate some kind of a motive.[1288]

The *Hartford Courant*, of January 18, 2014, reported that Peter Lanza was willing to turn over at least some of his son's treatment records to the SHAC. Josh Kovner reported that Dr. Fred R. Volkmar of Yale and Matthew D. Lerner of Stony Brook University referred to numerous studies "showing no link between autism spectrum disorders and violent crime." The two doctors said, "People with autism and Asperger's syndrome are more likely to be victims than perpetrators. When people on the autism spectrum do commit violence, it's almost always impulsive and reflexive, and in response to a situation that has overwhelmed them."[1289]

After the denigration of guns, which do not operate independently, the other hot topic was Lanza's now stigmatizing diagnosis of Asperger's syndrome. Yet the media failed to report the specifics, such as who

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1287. Phil Hickey, Ph.D., Sandy Hook Massacre: The Unanswered Question, January 6, 2014, http://www.cchrint.org/2014/01/07/sandy-hook-massacre-the-unanswered-question, viewed 1/14/2014.

1288. Sheila Matthews, Governor's Newtown Panel Stymied by Lanza's Missing Mental Health Records, January 6, 2014, http://ablechild.org/tag/adam-lanza-medical-records, viewed 4/19/2014.

1289. Josh Kovner, Sandy Hook Panel To Receive Lanza Treatment Records, The Hartford Courant, January 18, 2014, http://www.courant.com/news/connecticut/hc-sandy-hook-autism-0118-20140118,0,5438287.story, viewed 8/19/2014.

diagnosed Lanza. If, in fact, he had the condition, there is no evidence that it led to the mass slaughter.[1290]

Months before the release of the final report, Peter Lanza signed a consent form allowing the state medical examiner to release his son's toxicology report as follows:

Consent to Release Toxicology Report

> I, Peter Lanza, father of Adam Lanza, hereby give consent to the Office of the Chief Medical Examiner for the State of Connecticut to publicly release the toxicology report, done in connection with the autopsy of Adam Lanza under M.E. #12-17618. I have been informed of the results contained in the toxicology report.
>
> Date: May 7, 2013[1291]

Scott Jackson, the SHAC chair, met with Peter Lanza on Thursday, January 23, 2014, to ascertain if he would assist the commission by providing it with his son's school and medical records, which he was willing to do.[1292] Lanza, in talking with Jackson, appeared to understand that retroactive psychoanalysis is "fraught with danger" and that any psychological autopsy conducted without the benefit of using his son's medical/mental health data constitutes speculation and is useless when considering any changes in Connecticut's mental health services programs. Lanza surrendered those records to the police after the shooting. The FBI and Sedensky also had the records. The police seized

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1290. Adam Martin, Asperger's Is a Red Herring to Explain the Newtown Massacre, New York Magazine, December 16, 2012, http://nymag.com/daily/intelligencer/2012/12/aspergers-is-a-red-herring-to-explain-newtown.html, viewed 4/20/2013.

1291. Sheila Matthews, Governor's Newtown Panel Stymied by Lanza's Missing Mental Health Records, January 6, 2014, http://ablechild.org/tag/adam-lanza-medical-records, viewed 4/19/2014.

1292. Gunman's Father Met With Advisory Commission Chair, January 25, 2014, http://www.newtownbee.com/news/news/2014/01/25/gunman-s-father-met-advisory-commission-chair/187828, viewed 3/20/2014Bottom of Form.

the records from the Lanza home. The commission could have requested them at any time. Jackson should not have had to ask Lanza for them.[1293]

Child Fatality Review under Sarah Eagan, Connecticut's Child Advocate

On August 1, 2013, Governor Malloy appointed Sarah Eagan as the child advocate (until confirmation by the general assembly). She began functioning in that capacity on September 9, 2013.[1294] Eagan's office was conducting its own Child Fatality Review Panel investigation into the killings with a focus on the services that were available to Lanza. Many people were very dissatisfied with Sedensky's report summary, issued on November 25, 2013, and then relied on Malloy's panel and its report.[1295] Sedensky's report implies that if only Lanza had access to more mental health care and psychiatric drugs, Sandy Hook would never have occurred.

On March 14, 2014, SHAC members Harold I. Schwartz and Kathleen Flaherty, NAMI's staff attorney, viewed some of Lanza's school, medical, and psychological records at Eagan's office in Hartford. Before doing so, they had to sign a legal agreement not to publicly disclose the information, especially in the panel's ultimate report. Eagan's office, using its subpoena power, which SHAC does not have, acquired numerous records. The DESPP provided the *un-redacted* state police records without being subpoenaed.[1296] Flaherty, representing NAMI's interests, had full

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1293 Sheila Matthews, The Hunt for Lanza's Mental Health Records Becomes Embarrassing for the State, January 24, 2014, http://ablechild.org/tag/adam-lanza-medical-records, viewed 4/21/2014.

1294. Gov. Malloy Selects Sarah Eagan as State Child Advocate, August 1, 2013 http://www.ct.gov/oca/lib/oca/Sara_Egan_Appointment_8-1-13.pdf, viewed 4/1/2014.

1295. Jon Lender, *Newtown Massacre Panel Hampered By Secrecy, Lack Of Funds Malloy's Sandy Hook Agency Can't Get Full Info From His Own Executive-Branch Police Agency*, Government Watch, March 15, 2014, http://www.courant.com/news/politics/hc-lender-newtown-panel-blocked-0316-20140315,0,4828793,full.column, viewed 4/24/2014.

1296. Jon Lender, *Newtown Massacre Panel Hampered By Secrecy, Lack Of Funds Malloy's Sandy Hook Agency Can't Get Full Info From His Own Executive-Branch Police Agency*, Government Watch, March 15, 2014, http://www.courant.com/news/politics/hc-lender-newtown-panel-blocked-0316-20140315,0,4828793,full.column, viewed 4/24/2014.

access to all of Lanza's records and, even if she would have chosen to disclose their contents, was prevented from doing so by Eagan.

The commission asked Malloy's office why he had not informed the DESPP to relinquish its un-redacted investigative files to the SHAC. Andrew Doba, Malloy's communications director, replied that if that occurred, the public would have access to the un-redacted documents. Doba said that DESPP decided, per its legal counsel, that redaction of certain information in the report was necessary in as much as SHAC, which acts in the public interest, would make the records public. Doba also told the commission that no one had asked for any state funding.[1297]

On March 15, Schwartz said that when Malloy established the commission fourteen months ago, he hoped that it would produce "some kind of a definitive exploration of what happened." Naturally, in order to do that, the report would have to "delve into Lanza's life history, including any treatment for his mental condition (or lack thereof), his experiences in school and elsewhere, his interactions with his family and others, and the evolution of his mental condition." He said that he has serious doubts that "we will be able to produce that (quality of a) report," not only for lack of information, but also lack of time and resources.[1298]

The commission claimed it had zero luck in acquiring un-redacted data from state police investigators about the shootings. Dr. Schwartz said the panel has not obtained any more than the average citizen could gain from the official reports. He told the *Courant* that he thought that the commission would investigate Lanza's life history, his mental condition (or lack thereof), his school experiences, his family interactions, and the development of his mental condition. The commission was to conclude its report in June 2014, but due to lack of time and resources, it is floundering. Schwartz said the commission had no budget or significant staff to sort through information and assist in the writing.[1299]

Sheila Matthews states that Jackson claims that SHAC does not have Lanza's medical records, which are necessary in order for the group to suggest alterations to the state's mental health system. AbleChild has made every effort to obtain the said records. State officials have quashed all of these noble attempts. AbleChild, in just three days, went through

1297. Ibid.
1298. Ibid.
1299. Ibid.

the entire state police report. Jackson read enough of the report to formulate some questions about Lanza's medical treatment. He said that SHAC needed more information.[1300]

Some public-disclosure advocates accuse law enforcement officials of excessive redactions, even data accessible via the state's Freedom of Information Act. They also think that Malloy and the victim's families have overreacted thinking that people would put the crime scene photos on the Internet. Schwartz feels that the commission could still make recommendations about mental health services, gun safety, and school safety despite the fact that the commission has not had access to the details of Lanza's life and history.[1301] In addition to the statements of those who knew him, we have substantial evidence provided by Lanza's family and from Adam himself through his symptomology and behavior. It is apparent that we need to evaluate that evidence in the absence of the medical records that Connecticut officials are unwilling to publicly release.

According to the current PDR (2013), consumer edition, Prozac, an SSRI, is used to treat major depressive disorder, obsessive compulsive disorder, bulimia (eating disorder), and panic disorder. Prozac increases the "risk of suicidal thoughts and behavior in children, adolescents, and young adults." One might also "experience anxiety, hostility, sleeplessness, restlessness, impulsive or dangerous behavior, or thoughts about suicide or dying." The patient may suffer "headaches, weakness, an unsteady feeling, confusion, problems concentrating or thinking, or memory problems." The PDR emphasizes, "Do not stop taking Prozac without first talking to your doctor. Stopping Prozac suddenly can cause serious symptoms, including anxiety, irritability, changes in your mood, feeling restless (akathisia), and changes in your sleep habits, headache, sweating, nausea, dizziness, electric shock-like sensations, shaking, or confusion."[1302]

A person taking Prozac "can experience mental status changes, an increase in (the) heart rate and temperature, lack of coordination, overactive reflexes, muscle rigidity, nausea, vomiting, or diarrhea," as

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1300. Sheila Matthews, Governor's Newtown Panel Stymied by Lanza's Missing Mental Health Records, January 6, 2014, http://ablechild.org/tag/adam-lanza-medical-records, viewed 4/19/2014.

1301. Ibid.

1302. PDR Staff, The PDR Pocket Guide to Prescription Drugs, Physicians' Desk Reference Pocket Guide to Prescription Drugs, PDR Network (Consumer), Montvale, New Jersey, Kindle, 2013, Locations 17372–17451.

well as a "risk of abnormal bleeding or bruising." The patient may also experience "manic episodes while taking Prozac. Tell your doctor if you experience greatly increased energy, severe trouble sleeping, racing thoughts, reckless behavior, unusually grand ideas, excessive happiness or irritability, or talking more or faster than usual. Prozac can cause seizures or changes in your appetite or weight."[1303]

This information is readily available if one takes the time to research and put the pieces together. Certainly, the "experts" associated with SHAC could have objectively evaluated Lanza. It is plain to see the reason for a cover-up from the lowest to the highest levels of government. The benefactor of a cover-up of the drugs that Lanza may have been taking is the psychiatric drug industry.

On August 15, 2014, Scott Jackson said, "Our report is not going to be a deconstruction of Adam Lanza." SHAC plans to release its final report in about six weeks. The panel of experts already released an interim report prior to the legislature passing stricter gun laws last year. In June 2014, the panel, according to Jackson, was still waiting for the Office of the Child Advocate to submit its report, which Jackson "hoped (would) provide the group with an accurate picture of the shooter." Jackson said that the panel never received the report, so, he said, "Instead, the report will focus on recommendations to make schools and communities safer places." He went on to say, "Given the adaptability of people intent on doing bad actions, you don't want to fight yesterday's war . . . We have to set in place processes and procedure(s) that allow for the development of safer schools and infrastructure."[1304] There you have it, a predetermined effort *not* to evaluate the shooter's records and the part that drugs may have played in the massacre.

That statement is absurd beyond belief. After months of waiting for answers, Connecticut officials are unwilling to protect the citizens who elected them but seem willing to cater to Big Pharma. Lanza slaughtered twenty beautiful children and seven adults and the public has a justifiable right to know why—what medication(s) turned an individual who had a family who loved him, even as he evolved from a happy, geeky kid into a monstrous murderer.

1303. Ibid., Locations 17372–17451.

1304. Hugh McQuaid, Sandy Hook report unlikely to include analysis of gunman, New Haven Register, August 15, 2014, http://www.nhregister.com/general-news/20140815/sandy-hook-report-unlikely-to-include-analysis-of-gunman, viewed 8/19/2014.

PART 5

Operation Damage Control

Damage Control, Who Benefits

Damage control operations would like to conceal the following: (1) the government and the majority of Congress collaborate and invest in the medical and pharmaceutical corporations; (2) over 900,000 people a year die from medical intervention; (3) doctors, lawyers, and corporations regularly collaborate against the people; (4) these collaborators will do anything conceivable to control our perceptions; and (5) the medical and pharmaceutical corporations are multibillion-dollar industries that have much to lose. Is it just a huge coincidence that the country that has the most deaths attributable to medical intervention is also the country whose citizens take the most pharmaceutical drugs?

Since 2008, after several allegations of fraudulent marketing practices, the DOJ pursued charges against at least five drug companies. The government fined Eli Lilly $1.4 billion for convincing doctors to prescribe Zyprexa to children. Pfizer paid a $2.3 billion for hiring 250 child psychiatrists to market its antipsychotic drug Geodon when it had not been approved for pediatric use. AstraZeneca was fined $520 million for promoting the antipsychotic Seroquel to treat conditions for which it had not been approved. The firm specifically approached physicians who treated children. I know of one sixteen-year-old girl whose doctor prescribed Seroquel for a soccer injury. She experienced suicide ideation and killed herself within a week of starting the drug.[1305]

Johnson & Johnson, which always advertises itself as a family company, used KOLs to promote the use of antipsychotic Risperdal for children. The government charged them in another incident and fined

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1305. Christopher N. Osher and Jennifer Brown, Drug Firms Have Used Dangerous Tactics to Drive Sales to Treat Kids, The Denver Post, April 14, 2014, http://www.denverpost.com/investigations/ci_25561024/drug-firms-have-used-dangerous-tactics-drive-sales, viewed 4/16/2014.

the company $2.2 billion to settle criminal and civil allegations. There was a whistle-blower case involving GSK. The company had encouraged health care providers to prescribe antidepressants to children that the FDA had not approved for pediatric use. The federal government charged the company $3 billion for its egregious behavior.[1306]

Doctors treat, but do not cure their patients. If someone dies, then surely it was not the doctor or the drugs that killed the patient. It is horrific that thousands of people a year die from medical intervention and toxic drugs, which the media totally conceals. It is quite another issue when drug-induced people go on a killing rampage. People might recognize the correlation between the pharmacological/government/media complex and become outraged. This would put a halt to Big Pharma giants, like Eli Lilly, who make billions of dollars a year. People are less likely to make that connection if paid professionals, often unidentified, are manipulating the masses using the Delphi technique to draw faulty conclusions in a psychologically controlled environment.

Obviously, a lot of people would like to conceal the root cause behind Lanza's actions. These individuals include high-level federal and state politicians and their corporate cronies, the vaccine and psychiatric drug manufacturers. In order to obfuscate the facts and distract people from looking too deep, the government uses operatives who inevitably attract thousands of useful idiots who invent all sorts of sidetracking scenarios or make claims that the government orchestrated the event. The sinister alliance possibly designed a counterintelligence operation to deflect and complicate the details of the deadly, avoidable tragedy that occurred at the Sandy Hook Elementary School.

Big Pharma and the government prefer that a portion of the population believe that (1) Sandy Hook was a government hoax in order to snatch guns or that (2) an individual did indeed kill twenty-six people at Sandy Hook. Government officials, perhaps wanting to exploit both scenarios, possibly using infiltrators (per Cass Sunstein's suggestion), subtly promote the idea that it was a hoax. Alternatively, officials want people to accept the massacre as reported so they can impose policies and programs advocating preventative screening and more psych drugs to prevent another such tragedy. Both deceptive, distracting scenarios divert people from the truth, which is significantly more damaging to the liberty

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1306. Ibid.

of every individual and the country. Whichever scenario the public embraces, they both function to sidetrack people from the fundamental issue—psych drugs create killers. People hyped up on psych drugs engage in violent, uncharacteristic activities.

What is so significant about the above two scenarios is that it strongly suggests that government agents have *not* infiltrated the alternative media. The fact that individuals in the alternative media accuse the government of participating in a hoax makes those accusers look like honest truth seekers rather than operatives. People might not expect government operatives to blame officialdom, which actually gives them credibility. This would also imply that despite implicating the government, concealing the actual truth is even more important than protecting whatever credibility the government might have. Officialdom is so anxious to conceal some greater truth; it is willing to accept culpability and limited incrimination. Since the very compartmentalized government itself functions as the prosecuting authority, there are no prosecutorial risks in the allegations that it was an inside job.

One may apply this same mentality to 9/11—if a large portion of the public believes that nineteen terrorists with box cutters managed the attack on 9/11, then that seems to justify a war in the Middle East. For those who do not accept the official court historian version of the event, the alternative version is that insiders collapsed the buildings using controlled demolition, as suggested by Dan Rather on September 11, 2001, and the war in Iraq is about oil, the poppy fields in Afghanistan, and numerous other potentialities.

Given the accelerating rate of mass shootings by people on psych drugs, astute people, unless they think they are all hoaxes, are going to start focusing on the cause. The idea that Sandy Hook was a hoax cruelly victimizes the families, not just currently but continually as the idea that it was a hoax will increase with repetition. They have sufficient sorrow, long-lasting grief, without the terrible accusation of lying about the horrific slaughter of their beautiful children. Frankly, the hoaxologist's position is a very passive, stand-down positon. The insubstantial theories create division and operatives accuse anyone who has other views or evidence of infighting, a hateful, false diversion, leading people away from the truth about Big Pharma and their poisons.

Media Monopoly, Licensed by the Government

The Radio Act of 1927 placed the responsibility of licensing and regulating the nation's radio stations in the federal government's hands.[307] The airwaves were defined as public property and put under the *guardianship* of a government-selected commission.[308] Reagan appointee Mark S. Fowler quickly rescinded the fairness doctrine. Monopolization of the public airwaves further increased with the FCC decision on December 18, 2007. According to the 2013 Fortune 500 list, the Walt Disney Company is America's largest media conglomerate in terms of revenue, with News Corporation (now News Corp and 21st Century Fox), Time Warner, CBS Corporation, and Viacom completing the top five.

Does this mean that the government moderates every utterance on every single radio, television program, and in every newspaper in the country? Many people in the "truth movement" would have us believe that we should distrust every single reporter and newscaster. Television and radio can educate, entertain, and be used as vehicles of cultural programming. The federal government has deliberately deceived us about numerous historical and current events. That does not mean that every event or tragedy is a psychological operation or a false flag event. It should not imply that individuals holding government positions, either locally or federally automatically lack integrity. Bad things do happen. "Conspiracy theorists" often view things as black and white. They seem to surmise that if officials have previously lied, then they must be lying now and then attempt to assign a motive for what they think government officials are lying about.

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[307] Policing the Religious Airwaves: A Case of Market Place Regulation by Jeffrey K. Hadden, http://religiousbroadcasting.lib.virginia.edu/pubs/policing.html.

[308] The Spectrum Should Be Private Property: The Economics, History, and Future of Wireless Technology By B.K. Marcus, http://www.mises.org/fullstory.aspx?Id=1662.

Most citizens are unaware and would be horrified to learn of the activities of the CIA, which surreptitiously serves multinational corporations. Truman and Eisenhower used propaganda and psychological strategy to inculcate their Cold War operation.[1309] Gordon Gray (CFR) was the first director of the Psychological Strategy Board (PSB).[1310] The CIA director officially established the PSB on April 4, 1951.[1311] Henry Kissinger, a Harvard professor, was Gray's consultant. The CIA published and disseminated hundreds of books promoting the official Cold War party line. A CIA-backed worldwide media network provided cover for their agents and allowed the distribution of misinformation that predictably spread to America via the wire services, which also employed CIA agents.[1312]

By 1977, *Washington Post* journalist Carl Bernstein claimed that over 400 American journalists, distinguished reporters, and foreign correspondents were CIA employees. A high-level source told Bernstein, "One journalist is worth twenty agents."[1313] The number of journalists has undoubtedly grown exponentially over the decades. The CIA had infiltrated the nation's businesses, media, and universities with tens of thousands of on-call operatives by the 1950s. CBS was the agency's most effective broadcasting asset. The *New York Times* was/is the agency's most valuable collaborative newspaper and gives assistance to the CIA as needed. The *Times* maintained the largest foreign news operation in American journalism.[1314]

CIA officials recruited, trained, and staffed the CIA almost exclusively with Ivy League graduates. They recruited businessmen, established journalists, scholars, and Wall Street lawyers and bankers. By the late 1970s, approximately twenty-five big news organizations actually

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1309. Shawn J. Parry-Giles, The Rhetorical Presidency, Propaganda, and the Cold War, 1945-1955, Praeger Series in Presidential Studies, 2002, Introduction.

1310. John Prados, Safe For Democracy, The Secret Wars of the CIA, 2006, Chapter 5, The Covert Legions.

1311. Harry S. Truman Papers Staff Member and Office Files: Psychological Strategy Board Files, Dates: 1951-53, http://www.trumanlibrary.org/hstpaper/physc.html.

1312. Mark Zepezauer, The CIA's Greatest Hits, Odonian Press, Tucson, Arizona, 2002, pp. 52–53.

1313. Carl Bernstein, The CIA and the Media, Rolling Stone, October 20, 1977.

1314. Ibid.

provided a legitimate cover for CIA agents. The CIA also financed and staffed numerous foreign press services, magazines, newspapers, and periodicals.[1315]

Allegedly, the CIA abandoned the news business after the exposure of their covert involvement in reporting and fabricating the news. After the fact, CIA director William Colby claimed that the CIA management of journalists had been minimal. Others say that Colby merely shielded the CIA news assets. Gerald Ford, the incoming president, fired Colby who left the agency on January 28, 1976. Kissinger suggested George H. W. Bush as Colby's replacement. Bush soon instituted new policies regarding the news services and allowed the relationships to remain intact, possibly the reason for his appointment. Colby later died under suspicious circumstances just before he was to testify about CIA activities.

In the 1980s, the National Security Council's Office of Public Diplomacy (OPD) used officers from the Fourth Army PSYOPS to plant media stories in support of Reagan's Central America policies. Usually this kind of an operation was used in enemy territory, but the OPD participated on American soil in "prohibited, covert propaganda activities" and, as a result of a congressional investigation, the Iran-Contra investigations, it was shut down. However, propaganda is still part of American broadcasting, maybe more than ever before. In this regard, *CNN* has always enjoyed a close relationship with the Pentagon and has used top military officials as advisors for military operations.[1316] One could say the very same thing about *Fox Network*. With corporate monopolization of the media, much of what passes for broadcast news may be propaganda or presented for political purposes.

There have been, some for decades, government agencies such as the Information Control Division, the Office of Strategic Services, the Office of War Information, the Psychological Warfare Division, the Psychological Strategy Board, and currently, since December 11, 1980, the Office of Information and Regulatory Affairs (OIRA), along with the CIA, the FBI, and the well-organized but informal, very subtle Sayanim, acting as counterintelligence agencies. These groups, in the

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1315. Ibid.

1316 Alexander Cockburn, CNN and PSYOPS, CounterPunch, March 26–28, 2000, http://www.counterpunch.org/2000/03/26/cnn-and-psyops, viewed 4/20/2014.

age of technology, may very well manipulate and misrepresent images and statements, Photoshop images, accuse people of acting, ignore or discredit verifiable data, vilify or ridicule alternative views, and use the Delphi technique to arrive at a group consensus. We really need to evaluate all the data and not draw our conclusions from self-proclaimed expert analysts of current events. Howard Shelanski is the current administrator of the OIRA, preceded by Cass Sunstein, then Kiev-born, Boris Bershteyn. One administrator, John D. Graham, became the dean of the Pardee RAND Graduate School, co-located with the RAND Corporation in Santa Monica, California. RAND developed the Delphi technique.

Introducing Skepticism, Disseminating Doubt

It is unfortunate but true that immediately after a crisis, people want quick answers and tend to accept the first information that people generate. The days following a crisis are the most opportune time to saturate the population with disinformation. People certainly have a right to ask questions and display skepticism. However, responsible people should not make allegations or knowingly create deceptive "evidence" to deliberately lead people astray. There were some people who did that, whether intentionally or inadvertently, by fabricating and disseminating looped videos and ridiculous theories about Christmas trees, applying inapplicable legislation about blood cleanup, making deceptive statements about the way in which the authorities conducted the Mass Casualty Incident (MCI) based on unnamed sources, and other matters.

On December 18, 2012, Mark S. Mann (marksman) appeared on a radio show, Sean G. Turnbull's SGT Report.[1317] Mann, a "firearms industry expert" and a "part-time police officer," says that he lives in Connecticut, just miles from the massacre site. He says he has been closely following the story, talking to resident cops that he knows and that, as the story develops, he will be covering it for the SGT Report, a website that went online on December 7, 2010. Mann says there are just too many inconsistencies with the "official" story and he says, "Things don't add up" and "We will not tolerate any abuses to our Second Amendment rights." The show host and "marksman" focused on the gun issue.

Turnbull works as a producer, director, and marketing expert at a Met/Hodder ad agency where they do "branded entertainment" and are a leading media marketing firm. Turnbull recently tried to discredit

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[1317] Mark S. Mann on the *SGT Report*, https://www.youtube.com/watch?v=greuYvcMLDk, viewed 2/20/2014.

Scientology (which I know little about), perhaps because of its justifiable criticism of psychiatry, something that media have done over the years. On May 6, 1991, *Time* magazine vilified Scientology as a "ruthless, terroristic, litigious, lucrative" cult in an eight-page article titled "The Thriving Cult of Greed and Power." Ron L. Hubbard's organization always opposed psychiatry and psychiatric treatments, including ECT and Ritalin. Its members often protested outside of APA meetings. In 1969, Hubbard's organization and others founded the Citizens Commission on Human Rights (CCHR) to address these issues. In 1990, the CCHR petitioned the FDA about its intentions regarding Prozac, which already had more than fifty lawsuits filed by people unaffiliated with the Church of Scientology or the CCHR. The APA was solidly behind Eli Lilly and Prozac and praised the FDA's dismissal of the CCHR petition on August 1, 1990.[1318]

The APA supported Eli Lilly's claim that the "disease" was dangerous and disassociated the drug's effects from any negative behavior. In 1994, the APA Press published *Psychiatric Practice under Fire*. The first chapter castigated Scientology and its criticism on Prozac. Jerrold Rosenbaum, from Massachusetts General, wrote a chapter about Prozac making three basic claims: first, Prozac was exhaustively researched; second, mental disease is the problem, not the medication; and third, people will certainly commit suicide if they are denied adequate "access to an effective treatment." Eli Lilly currently advocates the same theory despite the thousands of people (concealed by the media) who have committed suicide while taking Prozac and more than two hundred lawsuits filed against Eli Lilly pertaining specifically to Prozac.[1319]

On Thursday, December 20, just six days after the shootings, another blogger said, "At this point, it is safe to say that the official narrative of the Sandy Hook school shooting is fraudulent, and a major cover-up and PSYOP is underway."[1320] On December 21, the owner of another site (created on that day) said, "I think the idea of a young man shooting kids for no reason is a black op type psychological operation and did not

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1318. David Healy, Let Them Eat Prozac, NYU Press, New York, Kindle, 2004, pp. 58–60.

1319. Ibid., pp. 58–60.

1320. Calling bullshit on the Sandy Hook hoax! – Updated, December 20, 2012, http://www.john-friend.net/2012/12/calling-bullshit-on-sandy-hook-hoax.html, viewed 2/20/2014.

happen, and is therefore a hoax."[1321] No one wants to believe that a person would commit such a horrendous crime.

On December 24, 2012, Dr. James Tracy wrote *The Sandy Hook Massacre: Unanswered Questions and Missing Information* in which he states, "One is left to inquire whether the Sandy Hook shooting ever took place—at least in the way law enforcement authorities and the nation's news media have described."[1322] A reasonable person would not expect to have everything resolved within ten days. This is not a television show where crimes are solved by the end of the hour. On December 27, two individuals coauthored an article for the website *Veterans Today*, titled *Sandy Hook: Huge Hoax and Anti-gun Psy-op.*[1323]

One author published articles on a military veteran's site on December 20 and 21, 2012, and stated that the official story of the school massacre was out of control while the second article suggested that authorities had foreknowledge of the event. The author then went on to coauthor an article, on January 24, 2013, with another person talking about the unanswered questions, which many people had and still have. The authors referred to the "number of alternative 'voices' on Sandy Hook (who) appear to have been taken in by (or are consciously spreading) suggestions that some or all of the child victims' parents or school teachers are 'hired actors' and that the reason there have been no images of corpses in the press is because there were no corpses, suggesting, somewhat hysterically, that the whole event was staged and never actually took place. As far as we are concerned, this is a ridiculous contention with no basis in fact."[1324]

On January 27, 2013, the two authors cohosted a radio program, *The Sandy Hook Massacre, What Really Happened* during which they

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1321. Sandy Hook Hoax, http://www.sandyhookhoax.com/, view 2/20/2014.

1322. James Tracy, The Sandy Hook Massacre: Unanswered Questions and Missing Information, December 24, 2012, http://memoryholeblog.com/2012/12/24/the-sandy-hook-massacre-unanswered-questions-and-missing-information, viewed 2/17/2014.

1323. James Fetzer, Sandy Hook, Huge Hoax or Anti-gun Psy-op, December 27, 2012, http://www.veteranstoday.com/2012/12/27/sandy-hook-huge-hoax-and-anti-gun-psy-op, viewed 2/17/2014.

1324. Niall Bradley and Joe Quinn, The Sandy Hook Massacre: Unanswered Questions, Veterans Today, January 24, 2013, http://www.veteranstoday.com/2013/01/24/the-sandy-hook-massacre-unanswered-questions, viewed 2/3/2013.

introduced some excellent points and demonstrated that they were actually interested in the truth rather than disseminating some of the theories that other authors associated with that site were engaged in doing. They presented factual evidence, yet by then, according to the comments on the blog, people were already convinced that Sandy Hook was a government-orchestrated hoax.[1325]

Immediately following the shootings, some media outlets suggested a correlation between psych drugs and the massacre. Then very quickly, there were reversals and silence and instead, the media began promoting the idea that there was insufficient mental health care and that people with such problems needed greater access.[1326] Even *Fox News* saw a connection. On January 2, 2013, *Fox News* released a short news clip where the broadcaster suggested a tie between mass murder and psych drugs. That video only had 11,639 views as of September 20, 2014, almost two years later while another video, released five days after the *Fox* video, with rapid momentum, pre-empted the *Fox News* clip.

On January 7, 2013, YouTube user ThinkOutsideTheTV (TOTT) published a thirty-minute video, *Sandy Hook Shooting—Fully Exposed*. It took time and specialized skill to create that video. Its creator thanked IDAHOPICKER, MAX MALONE, and OneTruth4Life for their assistance. Who would imagine that the contributors might be people other than ordinary concerned citizens, especially with a name like IDAHOPICKER? The film makers used some video from Alex Jones's InfoWars site. Coincidentally, Jones appeared on Piers Morgan's show that very same night. The video "went viral," and within a mere four days, by January 11, it had 10.6 million views. People shared it on Facebook,

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1325. Niall Bradley and Joe Quinn, The Sandy Hook Massacre, What Really Happened?, Veterans Today, January 24, 2013, http://www.veteranstoday.com/2013/01/27/the-sandy-hook-massacre-what-really-happened/ viewed 2/3/2013.

1326. Ralph Lopez, Psychiatrists: Psych meds 'cause' violence, Lanza record awaited, Digital Journal, December 21, 2012, http://www.digitaljournal.com/article/339600, viewed, 3/20/2014.

Twitter, and via e-mail while others reposted it on their websites within days.[1327] [1328] Snopes, not consistently credible, critiqued that video.[1329]

Why is it that videos claiming that Sandy Hook was a hoax have so many more views within such a short time? Is it a collaboration of the alternative and corporate media? The corporate media, so dependent on drug-industry commercial revenue, might attempt in whatever way possible to marginalize and conceal the true cause of the senseless slaughter and the homicidal effects of psychiatric drugs.[1330]

On January 7, 2013, Piers Morgan, on *CNN*, had Alex Jones as a guest. No doubt, a producer had properly prepped Jones as described in the chapter, *CNN-CIA, Programming at its Finest, Accusations about Actors*. Jones, in an exaggerated, more aggressive version of his ultra-bombastic characteristic fashion, minus a bullhorn, railed and ranted about the government's demonization of guns and its desire to seize them. Jones, in an award-winning performance, was possibly attempting, probably prearranged, to ignite a distracting, orchestrated opposition operation. It was obviously designed to influence and split what on that day was doubtless a diverse audience. Regular viewers may have perceived Jones as an obnoxious big-mouthed attack dog, which probably generated sympathy for Morgan. While Jones fans may have been ecstatic that their hero had hit the big time, never questioning the behind-the-scenes machinations.

Although Jones referred to numerous issues, his quarrelsome exhibition was likely appalling to the average *CNN* viewer, who, unfamiliar with him, might have remarked, "Who is this rude, blathering lunatic?" Undoubtedly, some *CNN* viewers will erroneously assume that he represents other gun owners, truth seekers, or the alternative media.

1327. Ben Smith, CJ Lotz, Sandy Hook Conspiracy Theories Edge Toward The Mainstream, "By far the hottest topic of the moment," Ignore it and it won't go away, BuzzFeed, January 18, 2013, http://www.buzzfeed.com/bensmith/sandy-hook-conspiracy-theories-edge-toward-the-mai, viewed 5/1/2014.

1328. Brian Alexander, http://www.politicalswagger.com/the-sandy-hook-shooting-fully-exposed/#ref=Wibiya_bar2, viewed 2/20/2014.

1329. Snopes looks at Sandy Hook, http://www.snopes.com/politics/guns/newtown.asp, viewed 2/27/2014.

1330. Fox News: SSRI Antidepressants Causing School Shootings? With Dr. Peter Breggin, https://www.youtube.com/watch?v=WAO5_Hk06Mc, viewed 3/20/2014.

He was all over the board, fulminating about various subjects, even mentioning his personal arsenal of fifty guns. Then he demonstrated his impropriety by mimicking his gracious host's accent.[1331] It was embarrassing but probably had the desired effect. Perhaps he and Morgan enjoyed drinks and a good laugh afterward.

January 7, 2013, was indeed a very busy day. The *Sun Sentinel* published an article about Dr. James Tracy and his questions about the shootings. The article referred to the radio interviews that Dr. Tracy has given and furnishes his website address. In an earlier radio interview, Tracy said, "While it appears that people lost their lives"; he was not ready to buy the lone-gunman scenario.[1332] On January 8, Kaili Joy Gray ridiculed Tracy on the *Daily Kos*.[1333] Christian Dem wrote about a post on Tracy's blog *The Memory Hole*, dated December 20, when Tracy claims that the media were complicit in omitting evidence of a second shooter. Dem says, "These claims have to be taken with a healthy amount of salt, though Tracy thinks that the Oklahoma City bombing and 9-11 were both staged."[1334] The fact that thousands of people think that those two events were staged added to Tracy's credibility and apparently his Internet traffic.

Regarding emergency medical care, according to Connecticut's DPH, as of June 7, 2010, this is the policy: "A clinically dead patient is defined as any unresponsive patient found without respirations and without a palpable carotid pulse. The person who has the highest level of currently valid EMS certification (above EMR level), has active medical control,

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[1331] Alex Jones vs Piers Morgan On Gun Control – CNN, https://www.youtube.com/watch?v=_XZvMwcluEg, viewed 9/20/2014.

[1332] Mike Clary, FAU prof stirs controversy by disputing Newtown massacre, Sun Sentinel, January 7, 2013, http://articles.sun-sentinel.com/2013-01-07/news/fl-fau-prof-newtown-20130107_1_sandy-hook-school-massacre-fau-prof-lisa-metcalf, viewed 5/1/2014.

[1333] Kaili Joy Gray, Obama staged Newtown shooting with 'crisis actors,' says professor who is totally not a crackpot, Daily Kos, January 8, 2013, http://www.dailykos.com/story/2013/01/08/1177320/-Obama-staged-Newtown-shooting-with-crisis-actors-says-professor-who-is-totally-not-a-crackpot, viewed 5/1/2014.

[1334] Christian Dem, Florida professor/conspiracy theorist thinks Sandy Hook may have been staged, Daily Kos, January 8, 2013, http://www.dailykos.com/story/2013/01/08/1177252/-Florida-professor-conspiracy-theorist-thinks-Sandy-Hook-may-have-been-staged, viewed 5/1/2014.

has direct voice communication for medical orders, and who is affiliated with an EMS organization present at the scene will be responsible for, and have the authority to direct, resuscitative activities." A licensed Connecticut physician or authorized registered nurse may pronounce death at the scene.[1335]

One blogger maintains that trauma helicopters should have been called and should have taken the children to the hospital because, she said, first responders or EMTs are not allowed to determine whether a person is dead. If that were the case, there would be no "deceased" category for the triaging of wounded people. People did this in both articles and videos, whether out of ignorance or otherwise. People who are financially or emotionally invested in a theory or dependent on a particular blogger for their views are reluctant to abandon those views. Many bloggers were obviously attempting to research; others were cobbling together video from other sources, one of which turned out to be a *Newtown Bee* video titled *A Quickened Tour of Sandy Hook: A Trip on Bus 30* they shot and uploaded on August 19, 2009, and announced it for the *Back to School* special edition of the newspaper for the same date. The driver mentioned that school was starting on September 2.[1336]

One "researcher" published a YouTube video on January 30, 2013, with 98,848 views, claiming that the school was not an operating school.[1337] If the school was closed for five years prior to the shootings, the *Newtown Bee* certainly would not have used that school in its video. The video shows, in the background, a woman, probably a teacher, taking things out of the back of her van, perhaps school materials. Someone used that video, newspaper emblem and all, dubbed other music, used the audio of a person on a radio program claiming that Sandy Hook could not have happened the way that it was presented and that it was all about gun control. Substantial evidence exists that contradicts that claim as the *New Town Bee* and the school's newsletter, *The Sandy Hook School*

1335. State of Connecticut, Department of Public Health, June 7, 2010, pp. 1–3.

1336. A Quickened Tour Of Sandy Hook: A Trip On Bus 30, https://www.youtube.com/watch?v=u5jcyNeN78w, viewed 3/10/2013.

1337. Sandy Hook was not an operating school, https://www.youtube.com/watch?v=bvWhhd8ixYU&list=TLt9uj5PLo2HhMQEMQY73Gg696rLyZ4V8f, viewed 6/24/2014.

Connection regularly reported news of that school's functions during the time the hoaxers claim that it was closed as reported by C. W. Wade. [1338]

Historically, some of the most skilled provocateurs have been teachers in the perception shaping public schools and universities. Students regurgitate what the teacher has taught in order to obtain an A. Most people want to please their teachers, authority figures, and following graduation, they retain that mentality. They have the same reverence or respect for doctors and are quite willing to take a dangerous drug upon his or her recommendation despite the risks, if that doctor says the benefits outweigh the risks. However, it is the patient who is taking all the risks. Teachers should encourage independent learning. A good teacher does not teach but encourages objective thinkers or students to learn, not regurgitate information. That occurs when they use critical thinking about the information presented.

Professional propagandists recognize that there is a limited amount of time to dis-inform the public before reliable researchers have access to the materials to scientifically and logistically verify, invalidate, or challenge the official material. People habitually retain the first stories they hear about any event and rarely read any potential retractions. People cannot legitimately challenge the official story until the official story becomes public. It is regrettable that the investigation took as long as it did. The timing of the release of the final report, around Christmas, seems significant. Certainly, it would have garnered more attention had the authorities released it sooner or even a few weeks later, after the holidays when people were not so distracted. Purportedly, it took longer because the alleged shooter was dead and therefore there was not going to be a trial. However, a year is a long time and allows a lot of questions and skepticism to take root, not just in the alternative media, but it also allowed that mentality to extend into the mainstream.

[1338] C. W. Wade, The claim that Sandy Hook Elementary School was not an operational school, http://sandyhookanalysis.blogspot.com/2014/07/sandy-hook-hoax-claims-debunked.html,

CNN-CIA, Programming at its Finest, Accusations about Actors

On December 15, 2012, *CNN* filmed Robbie Parker in an eighteen-minute press conference just outside the doors of the church that his family attended in Newtown, where he had just met with fellow church members. On January 16, a website published a portion of the video.[1339] On December 17, a YouTube user uploaded just twenty-seven-seconds of the *CNN* video.[1340] The next day, Alex Jones's InfoWars website published the very brief video excerpt.[1341] This immediacy suggests high-level damage control; some entity instantaneously felt threatened, perhaps for very good reason. *CNN* is headquartered in Atlanta, Georgia, as is the CDC.

It seems apparent that the person who extracted twenty-seven seconds from an eighteen-minute video had an agenda. Some people claim that Parker, seen laughing then allegedly hyperventilating, was an actor attempting to get into character. I view him as emotionally preparing to talk about an incredibly painful situation. The twenty-seven seconds do not represent the grief he expressed or the tears he shed during the press conference. If he were an actor, as some suggest, he would not have needed a cue card. I do not recall anyone accusing Russell Yates of acting inappropriately when he smiled intermittently while giving a press conference on his front lawn just hours after his wife, Andrea Yates, drowned the couple's five children in the bathtub.

1339. Sandy Hook Justice, https://www.youtube.com/watch?v=0JoeXAFBbpQ, viewed 2/20/2014.

1340. A portion of Robbie Parker's press conference, https://www.youtube.com/watch?v=urrRcgB581w, viewed 2/20/2014.

1341. Alex Jones, http://www.infowars.com/father-of-sandy-hook-victim-asks-read-the-card-seconds-before-tear-jerking-press-conference, viewed 2/20/2014.

People, especially men, have different public and private responses. Men often feel that they have to be strong to buoy others up, even when their hearts are breaking. Certainly, the worst thing that can happen to a father is the senseless slaughter of his child. There are sufficient images of Parker, before, during and following the press conference, where he exhibits his obvious pain and anguish. Anyone, even those who have never lost a child, should recognize his feelings and have empathy for him and the other victim families. If people actually watched the entire eighteen minutes instead of just the twenty-seven seconds that went viral, they would have seen plenty of tears. One must ask how that video went viral; who had the power to saturate the Internet with a *CNN* video within thirty hours after the shootings?

In the Chicago area, we often see many unrehearsed on-the-scene interviews conducted with the families of child victims of gang violence shortly after the event. We see the anger, tears, and heartache. However, when a noted anchor conducts an interview in a home or at the studio, it is usually stage-managed and expertly choreographed beforehand. Producers prepare the guests well in advance and determine the interview's "mood and framework" to achieve a particular effect. The guest and the network each have different objectives that must be resolved before the program. Jon Rappoport suggests that "this is where the brainwashing occurs." Following any tragedy, survivors feel anger, sadness, resentment, and in the death of a child, absolute incomprehensible pain.[1342]

Alternatively, the network wants to restructure those feelings to accommodate its purposes. A producer, according to Rappoport, who has witnessed this kind of mind manipulation, might say to the guest, "What we want to do here is let our audience know how special your daughter was." We want you to talk about "how wonderful a person she was. We realize, of course, that you're grieving. We understand and honor that. We do. In this interview, we really want to give you a chance, though, to tell the world what a special girl she was." We want you to "talk about her

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1342. Jon Rappoport, Sandy Hook: how television takes your guns, Sandy Hook: more television brainwashing using guests as fodder, December 30, 2012, https://jonrappoport.wordpress.com/2012/12, viewed 2/7/2014.

life, her interests, her hobbies, how she was thought of by the family and by friends at school. Honor her memory."[1343]

That is probably the very last thing that a guest might want to do. No matter how sad and desolate grieving parents might feel, parents also relish the opportunity to talk about their beloved child. If they cannot talk about their loss and express their grief, at least they can articulate the love, the pride, and the devotion that they feel for their child. The network wants a program that reflects the "happy moments of the child's life." Skillful anchors, looking absolutely cool and impartial but with a portion of sympathy and compassion here and there, can draw out exactly what he or she wants from the guests. It is part of the "preset storyline."[1344]

Therefore, the grieving parents acquiesce to the producer's peaceful persuasion without realizing that they are, as Rappoport suggests, just "fodder for the network's agenda." The parents, the McDonnells in this case, have limited time on a "commercially sponsored national television" to commemorate the life of their child, Grace McDonnell. The producer presenting the proposal seems to "make sense," and the parents, who would not have thought to conduct themselves under the circumstance, follow the suggestions and accept the opportunity to create a lasting video memorial to their wonderful daughter, a televised memorial. The well-paid anchor maintains the agenda, keeps things on track and the viewers will see and feel nothing of the horror, shock, loss, or grief and actually wonder how the parents can be so composed under the circumstances. The viewers would never have guessed that the whole scenario was "artificial" and "orchestrated" and that the guests were not permitted to express their authentic feelings. This "unique" staged situation simply adds skepticism and questions about the "anomalies" and "contradictions" and the reporting errors associated with the horrendous crime. Rappoport says, "Programming guests is a skill. Networks need people who can do that well."[1345]

On December 18, 2012, Anderson Cooper interviewed the parents of Grace McDonnell, a seven-year-old student who, with others, was killed

1343. Ibid.
1344. Ibid.
1345. Ibid.

at the Sandy Hook Elementary school.[1346] The network had probably prepped them as described above. Predictably, someone reproduced a film clip and suggested that the couple was just "too happy" to have lost their daughter. Therefore, they must be actors. Someone adapted a clip of the interview but omitted the audio to emphasize the happy faces of the McDonnell couple, again insinuating that the couple was playing a part, perhaps the purpose of the prepping. They were, as directed, describing how wonderful, how talented, and how beautiful their daughter was.

Cooper is an expert anchor who is able to manipulate the audience's psyche and deliver bullet-point news objectively with a hint of measured, superficial sympathy. It is not the same kind of programming that we get watching a poignant movie. Most of the time, with the cool dissemination of news, we naturally mirror the cool objective newscaster who can deliver an otherwise heartrending story without any show of what people would consider ordinary emotion.[1347] Many of us are incapable of doing that. When I am talking about sad things on my radio program, my voice cracks and the tears flow and I am grateful for a commercial break so that I regain my composure. I never fully considered the artificiality and preparation of the guests until I read Rappoport's article. In the future, I will think a bit more critically about this aspect of programmed news casting.

Rappoport elaborates on how the anchor, concealing his own personality, assures the audience that "objectivity" is his "central mission." The viewer's tendency is to believe the "false assurance" and what this skilled, well-paid figure says when he claims, "We have to get the story right." The capable commentator moves "seamlessly" from one story to the next without altering the modulation of his voice and, oddly, without much conviction, almost like a "cardboard facade." He may deliver the details but without any degree of emotion, not at all how people would interact with others. A good anchor projects this measured composure, and viewers adopt it and the anchor's ideas as their own, never acknowledging its source. A capable anchor can remove doubt and confusion or, just the opposite, deftly introduce skepticism.[1348]

1346. Anderson Cooper, http://ac360.blogs.cnn.com/2012/12/18/mcdonnell-parents-live-through-grace/, viewed 2/20/2014.

1347. Jon Rappoport, The ideal television anchor and his role in the Matrix, January 1, 2013, https://jonrappoport.wordpress.com/2013/01/page/5, viewed 2/7/2014.

1348. Ibid.

Rappoport calls such an expert "the Wizard of Is," who can convey a version of hidden truth, all from reliable but unrevealed sources, usually the government or the corporations for which he works as the official but "unbiased" mouthpiece. An anchor, actually superficial window dressing, must exhibit "voice-neutrality" to communicate a perception of scientific exactness and accuracy that generates confidence and calmness with the implication that the broadcast is a profit-free public service, unlike entertainment television such as a football game, *CSI*, or *Dancing with the Stars*, latter-day examples of the Roman games at the Coliseum.[1349]

On January 23, 2013, a blogger made a number of statements, providing no proof, that all the Sandy Hook parents were phonies.[1350] The hoaxologists claim that someone photo-shopped a few of the images of one particular family, the Parkers. Some people claimed that Robbie Parker was an "actor" and that the little girl on Obama's lap was Emilie Parker who had been shot at Sandy Hook. Sometimes siblings have identical outfits and often look alike because they are siblings. Regarding photo-shopping, does that mean that someone photo-shopped all the hundreds of images showing the other victim families, grieving Newtown residents, and the hundreds of images of the school, some of which showed Christmas decorations? Someone claimed that there were no holiday decorations at the school, another easily disproven claim. Can the hoaxologists verify that every single image associated with Sandy Hook is photo-shopped?

Family members confirm that the girl photographed with Obama was Emilie's younger sister, Madeline. If the government was trying to convince the public that twenty children had been shot, it would be ludicrous if any of those children were seen in public, especially at a Super Bowl or photographed with Obama unless the mainstream media, as suggested, is introducing and driving the suspicion. While the hoaxologists usually reject media information, one must question that possibility.[1351] One "researcher," either incapable or unwilling to disclose

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1349. Ibid.

1350. No Disinfo, http://nodisinfo.com/nodinsinfos-list-of-phony-sandy-hook-actor-parents/.

1351. Journal of the Bizarre, Was Sandy Hook a Hoax? Part 1, January 23, 2013, http://journalofthebizarre.blogspot.com/2013/01/was-sandy-hook-hoax-part-1.html.

it, in order to support her theory that he is an actor, claims that there is no evidence that Parker is a physician's assistant.

Robbie Parker is a physician's assistant originally from Ogden, Utah, who relocated to Connecticut after living in Oregon and New Mexico. Connecticut's Department of Public Health has a licensing verification website, which allows people to search the credentials of any service provider who is required by the state to be licensed, including physician assistants. According to the website, Parker has a license to practice in that state although his license has a New Mexico address because he lived there when he received his license, issued on September 28, 2011. A person cannot become a PA-C until he or she has passed the NCCPA-administered Physician Assistant National Certifying Exam, which allows the individual to practice in all fifty states. Parker lived in New Mexico prior to finding a position in Connecticut. He is not an actor. Earning a degree as a certified physician assistant requires passing a rigorous certification exam in addition to obtaining one hundred Continuing Medical Education (CME) hours and reregistering their certificate with the NCCPA every two years.[1352]

On December 14, 2012, in a *Washington Post* article, Beth Israel, a former Newtown neighbor of the Lanzas, reported that Adam Lanza was a "really rambunctious kid."[1353] In 2014, a person using the name Alex Israel was on *CNN*, perhaps the daughter of Beth Israel, claiming to be Lanza's former classmate. Then at the end of August, the very same person appeared on *CNN*, claiming to be Katie Foley, the alleged sister of James Foley, whom the media says the ISIS beheaded.[1354] *CNN* also used a person, designated as Alan Diaz, an alleged member of the high

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[1352] Journal of the Bizarre, Was Sandy Hook a Hoax? Part 5: Robbie Parker, January 26, 2013 http://journalofthebizarre.blogspot.com/2013/01/was-sandy-hook-hoax-part-5-robbie-parker.html.

[1353] Greg Jaffe, Paul Duggan and Colum Lynch, Adam Lanza is recalled as a 'rambunctious kid' with family problems, The Washington Post, December 14, 2012, http://www.washingtonpost.com/local/crime/adam-lanza-is-recalled-as-a-rambunctious-kid-with-family-problems/2012/12/14/795ad0fe-4641-11e2-8e70-e1993528222d_story.html, viewed 6/26/2014.

[1354] Glenn Canady, Same Actress for Sandy Hoax and Katie Foley! Case Closed!, August 31, 2014, http://www.pakalertpress.com/2014/08/31/same-actress-for-sandy-hoax-and-katie-foley-case-closed, viewed 8/31/2014.

school tech club who knew Lanza.[1355] *CNN* may cast him in another role at some point so that the hoaxologists can point to yet another person to prove that Sandy Hook was a hoax and that actors played the part of the parents and other people. It seems that *CNN*, with many Big Pharma sponsors, deliberately creates doubts and the idea that actors were a part of Sandy Hook.

The APA and certain psychiatrists associated with the CIA are aware that it created Manchurian Candidates in the 1950s in the BLUEBIRD and ARTICHOKE mind-control programs. The CIA experimented with LSD, sensory deprivation, electroconvulsive treatment (ECT), brain electrode implants, and hypnosis in order to create amnesia, changes in identity, depersonalization, and altered states of consciousness in targeted individuals.[1356]

Following World War II, the CIA and the military collaborated in creating Manchurian Candidates who suffered with multiple personality disorder. In addition to the two projects mentioned above, other mind control programs included MKULTRA, MKSEARCH, MKNAOMI, and Project Often. Dr. Colin Ross suggests the existence of other still-classified programs. They also experimented with isolation, interrogation, and other techniques using "incarcerated drug addicts, hospitalized sex offenders, psychiatric patients, terminal cancer patients, and unwitting civilians." Dr. Carl Rogers, Dr. Martin Orne, and Dr. Louis Jolyon and other psychologists and psychiatrists from Harvard, Yale, Johns Hopkins, and Tulane had *top secret* clearance as MKULTRA contractors.[1357]

The CIA designed its mind-control experiments along with radiation experiments and research on chemical weapons. The CIA, army, navy, and air force, along with other agencies, such as the Public Health Service, funded the mind-control experimentation. A network of psychiatrists, psychologists, neurosurgeons, and other contractors published the associated research in medical journals. Participants

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1355. Sandy Hook Nuts - A Question of Mental Health, September 2, 2014, https://www.youtube.com/watch?v=qUu4PwyblYY, viewed 9/25/2014.

1356. Colin A. Ross, *The CIA Doctors: Human Rights Violations by American Psychiatrists*, Greenleaf Book Group Press, Austin, Texas, Kindle, 2011, Locations 139–145.

1357. Colin A. Ross M.D., Military Mind Control: A Story of Trauma and Recovery, Manitou Communications Inc., Richardson, Texas, Kindle, 2011, Locations 33–47.

and organizations within the mind-control operation, with *top secret* clearance, included the American Psychological Association, former APA presidents, the Society for Biological Psychiatry, and psychiatrists whom the American Psychological Association and the APA have praised and awarded for their contributions. The participants abandoned the Hippocratic Oath to accommodate what they were told were national security interests.[1358]

Five-year veteran of the State Department John Marks wrote about the CIA and its use of psychiatry. Psychiatrist Donald Ewen Cameron, the APA president (1952–1953), sought better ways to de-pattern or break down patient resistance. He used ECT, LSD, and sensory deprivation and was able to produce severe delirium. Patients frequently lost their sense of identity, forgot their names and even how to eat. The CIA, eager to learn more about his techniques, funded him under MKULTRA.[1359]

Many of the hoaxologists claim that Sandy Hook was a hoax perpetrated by the government, using actors. Given the information above, there are four possible scenarios:

1. The events occurred as reported—Adam Lanza killed twenty-seven people.
2. The government, in a false-flag operation, created a Manchurian candidate(s) who perpetrated the killings.
3. According to the hoaxologists, the government hired actors: forty to play the parents of the twenty children, one hundred sixty to play the grandparents, hundreds of others to play the aunts, uncles, brothers, sisters, and friends. The government then indoctrinated the other Sandy Hook students so that they would remember and tell the story for the rest of their life. The government convinced, paid off or threatened the bus drivers and the parents of surviving students and persuaded the nurses, the ER doctors, the piano teachers, the police, the morticians, the religious leaders, the friends, the family dentists and doctors who no longer have a patient, the eyewitnesses and Sandy Hook

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1358 Colin A. Ross, *The CIA Doctors: Human Rights Violations by American Psychiatrists*, Greenleaf Book Group Press, Austin, Texas, Kindle, 2011, Locations 167–178.

1359 John Marks, The Search for the Manchurian Candidate, The CIA and Mind Control, Times Books, New York, 1979, pp. 98–99.

neighbors, in fact all the citizens in Newtown to go along with the drill/hoax.

4. The hoaxologists are paid agents, actors, or useful idiots.

People have asked me why the parents do not speak out about all of these false claims. Where might they do that? Perhaps the big pharma-friendly members of congress could convene a special hearing in which the parents could express their concerns about the allegations or maybe *Good Morning America*, *The View*, *60 Minutes* or other popular shows on *ABC*, *NBC*, *CBS*, or *CNN* could give them this opportunity? Many in the alternative media have made false accusations and otherwise denigrated Lenny Pozner who has posted his son's birth and death certificates, report cards and other evidence. Has the alternative and mainstream media engaged in a mutually-beneficial orchestrated opposition operation? On December 14, 2014, the parents of Noah Pozner and Jesse Lewis filed a 66-page lawsuit against the town of Newtown seeking more than $15 thousand in damages. It is the second lawsuit filed in the case, the first being a lawsuit against the gun manufacturer in which ten families are involved, including the Pozner and Lewis families. [1360] Numerous people state that Sandy Hook was a hoax based on the fact that none of the families filed a lawsuit.

[1360.] Dave Altimari, Sandy Hook Families Sue Newtown, Schools, Citing Lax Security, Hartford Courant, January 12, 2015, http://touch.courant.com/#section/-1/article/p2p-82519278/, viewed 1/14/2015

Preponderance of Propaganda, Conspiracy by Consensus

Some people, who might be considered KOLs, claim that Sandy Hook was a government operation conducted for the purpose of seizing guns. Exploiting those suspicions, the hoaxologists have attempted to create even more mistrust by making unsubstantiated often ridiculous claims by creating theory-based conclusions and incredible stories that often fail miserably when people dissect and critically consider them.

In a phone interview with the *Valley Journal*, Dr. H. Wayne Carver said that Lanza used the Bushmaster .223 rifle in the attack. He said, "It was used on all the kids and the teachers. Lanza killed himself with one of the handguns." Carver was uncertain about which handgun Lanza used to kill himself as the 9mm Sig Sauer and 10mm Glock leave similar entry wounds. There was an exit wound, but the police never recovered the bullet. Carver arrived at the crime scene approximately four hours after the first 911 call and he and his team began photographing the children for parent identification while also performing autopsies after the police had completed their crime scene investigation. He said that "the first thing I saw was a German shepherd in a bullet proof vest. There were FBI guys in their full combat outfits; it was something else."[1361]

Initially, there were a lot of conflicting reports that soon generated numerous conspiracy theories. Carver explained that there were various agencies responding, which caused a lot of chaos. When he arrived, four hours after the shooting, Carver said, "It was a zoo, okay?" Regarding the conspiracy theories, he said, "I don't know what to say. We've become a society where you can get ten percent of (the) people to believe anything.

1361. Daniel Martynowicz, Sandy Hook fallout extends to local communities, Dec. 14, 2012, could very well be marked as the day when everything changed, Whether that change will be positive or negative remains to be seen, 1/30/2013, http://www.valleyjournal.net/Article/3682/Sandy-Hook-fallout-extends-to-local-communities, accessed 3/20/2014.

The Internet is a fabulous thing, but it has a downside to it, and it's gotten to the point now where a profoundly compromised individual can cloak himself in some sort of pseudo-moral authority and say whatever they want."[1362]

On February 11, 2013, Hunter Stuart wrote an article for the *Huffington Post*, *Sandy Hook Hoax Theories Explained: Why Newtown 'Truther' Arguments Don't Hold Up*. Stuart elaborated on the various statements that were made in the first few hours, such as the following:

- Sandy Hook School Nurse Sally Cox "Got Her Script Wrong"
- Adam Lanza Didn't Use an Assault Rifle to Kill His Victims
- Adam Lanza Died the Day before the Shooting
- Memorial Websites and Facebook Pages Were Already Set Up
- Why Did Adam Lanza Have His Brother's ID?
- There Were Multiple Shooters
- Crisis Actors Were Used to Give Interviews to the Media

Stuart reasonably addresses each of the issues. Many of the people use the video of the WUSA reporter, Andrea McCarren, who inadvertently reported that Nancy Lanza was a kindergarten teacher at Sandy Hook. Hoaxologists use that YouTube video to claim that ordinary people, in making human errors, were somehow involved in a huge government-generated hoax.[1363]

Some people claimed there was foreknowledge of the event and that people created websites memorializing the victims before the shootings. A mistake that many people make is due to their lack of understanding on reconfigured domains and IP addresses. IP addresses and domain names are two different issues. When someone creates a domain name, he or she has to set up a DNS record for that domain to reside on an already existing IP address. An IP address is only a unique identifier for a computer that is connected to the internet. WHOIS reports the information based on the last updated information for the IP address connected to that domain name. Existing IP addresses are assigned to

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1362. Ibid.

1363. Hunter Stewart, Sandy Hook Hoax Theories Explained: Why Newtown 'Truther' Arguments Don't Hold Up, Huffington Post, February 11, 2013, http://www.huffingtonpost.com/2013/02/11/sandy-hook-hoax-theories-explained-debunking-newtown-truther_n_2627233.html, viewed 7/7/2014.

newly created domain names. When looking at domain names, the only real info that needs to be considered is the domain's creation date. Domain names are registered and attached to an IP address of an existing computer server. This may also occur when someone reconfigures a domain for another purpose.

On December 24, 2012, Dr. James Tracy wrote an article, *The Sandy Hook Massacre: Unanswered Questions and Missing Information*, in which he referred to "Emilie Parker's alleged father" and says "one is left to inquire whether the Sandy Hook shooting ever took place—at least in the way law enforcement authorities and the nation's news media have described." He refers to Dr. Carver's "wholly bizarre performance" at a press conference on December 15 (after performing seven autopsies on children) and "appearing apprehensive and uncertain" and suggests that "he is either under coercion or an imposter." During the press conference, Dr. Carver said, "(My staff) and I hope (that) the people of Newtown don't have it crash on their head later."[1364] We do not know the question or comment to which he was responding. We only see Dr. Carver, Lt. Paul Vance, and a few other officials and not the dozens of people who were asking questions from what must have been a large group from the media. If hundreds or thousands of people in Newtown or elsewhere accept the theory that psych drugs are helpful for numerous "disorders," then it may indeed "crash on their head later."

Dr. Tracy wrote that Adam Lanza, "during a 5 to 7 minute span," was an "extremely skilled user of a single firearm for a young man with absolutely no military training and who was on the verge of being institutionalized." [1365] Tracy said that photographic evidence was "lacking in terms of its capacity to demonstrate that a mass shooting took place on the scale described by authorities." He also stated that there was "little if any eyewitness testimony of anyone who's observed the corpses" nor "are there any routine eyewitness, photo or video evidence of the crime scene's aftermath—broken glass, blasted security locks and doors, bullet casings and holes, bloodied walls and floors—all of which are common in such investigations and reportage." He also said, under a subtitle, *Why*

1364. James Tracy, The Sandy Hook Massacre: Unanswered Questions and Missing Information, December 24, 2012, http://memoryholeblog.com/2012/12/24/the-sandy-hook-massacre-unanswered-questions-and-missing-information, viewed 4/22/2014.

1365. Ibid.

Were Medical Personnel Turned Away from the Crime Scene? and then continues, "Oddly enough medical personnel are forced to set up their operation not at the school where the dead and injured lay, but rather at the fire station several hundred feet away." He claims that "medical responders" who rushed to the school "upon receiving word of the tragedy were denied entry to the school." He asked, "Who were the qualified medical practitioners that pronounced the 20 children and 7 adults dead? Who decided that none could be revived?"[1366]

Dr. Tracy claimed, "Sandy Hook Elementary is attended by 600 students (actually 456). Yet there is no photographic or video evidence of an evacuation on this scale." He wrote, "A highly circulated photo depicts students walking in a single file formation with their hands on each other's shoulders and eyes shut. Yet this was the image of a drill that took place prior to the event itself." In a note, he said that the photo of approximately fifteen children allegedly being evacuated from Sandy Hook Elementary was reportedly produced on December 14. Tracy said, "There is no such evidence that a mass exodus of children from the school transpired once law enforcement pronounced Sandy Hook secure. Nor are there videos or photos of several hundred students and their parents at the oft-referenced fire station nearby where students were routed for parent pick up."[1367] C. W. Wade has posted numerous images of a mass evacuation. [1368]

Tracy wrote, "Early reports indicate how federal authorities were on the scene as the 911 call was received. Regardless of where one stands on the Second Amendment and gun control, it is not unreasonable to suggest the Obama administration's complicity or direct oversight of an incident that has in very short order sparked a national debate on the very topic."[1369]

1366. Ibid.

1367. Ibid.

1368. C. W. Wade, Sandy Hook Evacuation - Hundreds of Children and Teachers Photographed During Evacuation, http://sandyhookanalysis.blogspot.com/2014/07/sandy-hook-evacuation-photos-hundreds.html, viewed 1/15/2015

1369. James Tracy, The Sandy Hook Massacre: Unanswered Questions and Missing Information, December 24, 2012, http://memoryholeblog.com/2012/12/24/the-sandy-hook-massacre-unanswered-questions-and-missing-information, viewed 4/22/2014..

On December 27, 2012, two individuals coauthored an article, *Sandy Hook: Huge Hoax and Anti-Gun 'Psy Op* in which they refer to Dr. Tracy's article and others posted on *Veterans Today*. While Dr. Tracy asks questions and makes insinuations, these writers declare that Sandy Hook was a hoax and an antigun psy-op while adding to what they believe was Carver's unusual behavior.[1370] It is highly believable; probable and government actions following the event demonstrate that the media and government exploited the situation to promote their antigun mentality. Does that prove that Sandy Hook was a hoax and a giant psy-op?

Dr. Carver, in the video of the press conference, states that he had been at the scene until 12:30 a.m. on December 15. He stated that all the children were transported to Farmington and had been autopsied by the time of the press conference. One of the authors refers to the "so called 'victims.'" During the press conference, Lt. Paul Vance avoids answering the question about Nancy Lanza and any connection that she had with the school. Vance told a reporter in another interview that it could take months to conclude the investigation.[1371] That is not unusual in a mass shooting. The final report on the investigation of the Columbine shooting, which occurred on April 20, 1999, was not released until May 15, 2000.

On January 30, 2013, six weeks after Sandy Hook, one author, assisted by a coauthor, wrote *The Nexus of Tyranny: The Strategy behind Tucson, Aurora and Sandy Hook* in which the lead author states, "If this had been a real shooting of children, there would have been a sense of panic and of hysteria. EMTs would have rushed into the school building. The children would have been rushed out on stretchers and into ambulances and other vehicles and rushed to a hospital for doctors to treat them and formally pronounce the death of those who had been killed." The author then relates how "a resourceful student has turned up visual evidence that Sandy Hook was not even an operating school, which, if she is right, discloses the stunning enormity of the hoax." On Bing maps, the student shows there were no cars in the parking lot as opposed to the parking lot at St. Rose. The author concludes, "These

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1370. Jim Fetzer and Dennis Cimino, Sandy Hook: Huge Hoax and Anti-Gun "Psy Op," Veterans Today, December 27, 2012, http://www.veteranstoday.com/2012/12/27/sandy-hook-huge-hoax-and-anti-gun-psy-op, viewed 6/22/2014.

1371. Ibid.

considerations already indicate that Sandy Hook was a fabricated or staged event."[1372]

The author states that according to "the Social Security Death Index (SSDI), Adam Lanza is reported to have died on the 13th, the day before the 'massacre.'"[1373] Lanza's death certificate states that he was cremated at the Linwood Crematory in Haverhill, Massachusetts, on December 27. Although the certificate implies that the Hartford Trade Service at 623 Main Street in East Hartford conducted Lanza's funeral,[1374] that facility likely just transferred the body. Suzanne Ouellette, the secretary at the Brookside Chapel and Funeral Home on Main Street in Plaistow, New Hampshire, completed the official Statement of Death.[1375] She issued it on January 15, 2013, and mistakenly declared Lanza's death date as December 13, which the SSDI used. On January 24, she reissued the statement with the correct death date, which was then amended in the SSDI. This error led to a lot of speculation.[1376] Brookside also conducted the services for Peter Lanza's father, Peter S. Lanza, who died on December 5, 2010. His obituary listed Adam and Ryan among his grandchildren,[1377] which dispels another claim that Adam died in 2009.

The other author said, "I have found it very difficult to imagine how this young man of slight build, who appears to have had little or even no marksmanship training, could possibly have pulled it off." He stated, the "ratio of target to kills strikes me as not merely extremely improbable but virtually impossible, especially if he was using hand guns but even with a Bushmaster." He refers to the data presented by Mike Powers on *The Power Hour*, January 16, 2013, to substantiate his opinion. One of the

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1372. Dennis Cimino (with Jim Fetzer), *The Nexus of Tyranny: The Strategy behind Tucson, Aurora and Sandy Hook*; http://www.veteranstoday.com/2013/01/30/the-nexus-of-tyranny-the-strategy-behind-tucson-aurora-and-sandy-hook, viewed 6/22/2014

1373. Ibid

1374. Adam Lanza's Death Certificate, https://plus.google.com/+LennyPozner/posts, viewed 7/11/2014

1375. Statement of Death, http://www.socialsecurity.gov/forms/ssa-721.pdf, viewed 7/11/2014

1376. C. W. Wade, Adam Lanza Social Security Death Index, Certification of Death, and Cremation, June 8, 2014, http://sandyhookanalysis.blogspot.com/2014/06/adam-lanza-social-security-death-index.html, viewed 7/11/2014

1377. Eagle Tribune, Obituary of Peter S. Lanza, December 7, 2010, this obituary listed his grandchildren Ryan and Adam, viewed 7/11/2014

authors refers to a *New York Times* article (January 28) that "recounts the horrific experiences of five of law enforcement officers who were among the first on the scene at Sandy Hook." Then he writes, "Like many other articles about the shooting, it makes a strong appeal to the emotions but is short on proof." He asked, "Why there were no EMTs rushing to aide (sic) the victims, why there was no rash of ambulances to transport them to the hospital, why the officers on the scene were the ones to declare them dead, and why not even their parents were allowed to identify their children."[1378]

One of them suggests that a family Christmas photo of the Parker family has been photo-shopped to include "Emily" (Emilie) and then suggests that the way that they are displaying their fingers, including the baby who is sucking her fingers, is indicative of "Satanic worship." The author is quick to point out that he is not "alleging a connection to the Church of Satan, which has an active chapter in Newtown." (No, of course not, he just thought he would mention it.) Yet he pans the *New York Times* as "short on proof" but then refers to other sites that have "detailed analysis of *possible* photographic fakery."[1379] He referred to an article that he wrote, *Did Mossad Death Squads Slaughter American Children at Sandy Hook?* published on *Press TV* and then on *Veterans Today* on December 23, 2012. He states that *Press TV* titled his article.

In that article, the author, referring the reported story reiterates, "But the story doesn't bother to report that he was not known to have had any training in the use of handguns, much less assault rifles; that his body was found with two handguns lying beside it, while the Bushmaster was still in the car; and where the kind of accuracy in killing typified military experts, not that of young men of slight build who are most unlikely to have the marksmanship skills displayed in shooting 20 children and 6 adults." The author refers to the shooter's mental health issues the violent video games that he played. Most young men play violent video games, but that does not provoke them to massacre students at the local grade school. The author claims that the DHS is the real enemy with its FEMA

1378. Dennis Cimino (with Jim Fetzer), The Nexus of Tyranny: The Strategy behind Tucson, Aurora and Sandy Hook; http://www.veteranstoday.com/2013/01/30/the-nexus-of-tyranny-the-strategy-behind-tucson-aurora-and-sandy-hook, viewed 6/22/2014

1379. Ibid.

camps, supply of hollow-point ammunition, and the government's plan for managing a "mass terror attack, natural disaster or other crisis."[1380]

The author states, "The Sandy Hook massacre appears to have been a psy op intended to strike fear in the hearts of Americans by the sheer brutality of the massacre, where the killing of children is a signature of terror ops conducted by agents of Israel." He further stated, "When DHS is gearing up to conduct a massive civil war against the American people, what better excuse could there be for banning assault weapons than the massacre of 20 innocent children at Sandy Hook Elementary School?" The author refers to another author whom he says "exposed the pattern relating to what happened there (Sandy Hook) to earlier assaults.[1381]

Keep in mind that all of this supposition and various accusations occurred within a week of the incident before any intensive investigation. The speculators seem to suggest every possible potentiality—there were dead children or there were no dead children. If there were dead children, then maybe the Mossad did it; otherwise, it was a giant hoax with actors. If there were children who were shot, medics failed to care for them. Adam Lanza died, never existed, or if he did, he could not have logistically managed the feat. Take your choice, toss a coin. If one scenario seems wrong, select another one. There are dozens of what appear to be deliberate obfuscations, all leading people away from the truth.

KOLs suggested the following seemingly coordinated talking points:

1. They suggested that no children were killed at Sandy Hook Elementary School.
2. They suggested that Sandy Hook was not an operating school.
3. They suggested that Adam Lanza died on 12/13/2012.
4. They suggested Adam Lanza may not have even existed.
5. Mike Powers (a.k.a. Mike Hollingsworth) and others suggest that Lanza could not have carried off the shooting.
6. They suggested that satanic worship played a part.

1380. Jim Fetzer and Press TV, Did Mossad death squads slaughter American children at Sandy Hook?, December 23, 2012, http://www.veteranstoday.com/2012/12/23/mossad-death-squads-slaughtered-american-children-at-sandy-hook, viewed 6/22/2014.

1381. Ibid.

7. They suggested that it was all about gun control and disarming of citizens.
8. They suggested that FEMA camps await dissidents, along with 1.5 billion rounds of .40 caliber, hollow-point ammunition.
9. The suggested that the Mossad may have been behind Sandy Hook.
10. They suggested that other shootings were also government-staged hoaxes.
11. They suggested that the government used actors at Sandy Hook.
12. They suggested that Sandy Hook was a drill.
13. They suggested that officials were smirking at Aurora and at Sandy Hook.
14. They suggested Sandy Hook may have been premeditated.
15. They suggested that authorities would not allow medics into the school.
16. They suggested that officials failed to follow proper protocol regarding an MCI.
17. They suggested that "someone" photo-shopped children into family photos.

Don't Look Here, Reverse Psychology

Several years ago, I saw a great example of a reverse-psychology advertising gimmick—a billboard stated, "Don't look on the other side of this billboard." Well, of course, I looked, as most people would.

During his Yale University days, Anderson Cooper, the youngest son of the writer Wyatt Emory Cooper and Gloria Vanderbilt, spent two summers as an intern at the CIA and then later decided to be a journalist, perhaps still on the CIA's payroll.

On January 11, 2013, Cooper, on his *CNN* program *360 Degrees*, opened his program, "We begin tonight *Keeping Them Honest* with the story that is frankly hard to believe. You are going to want to sit down for this one." Then he refers to the "horrific shootings" in Newtown in which twenty-six people were killed and says that "tonight we expose a number of people who are claiming that the Sandy Hook shootings were staged." Cooper spent much of the program talking about the "horrifically outrageous claims" of Dr. James Tracy, even showing a picture of him. Cooper said that normally, they would not give such claims airtime.[1382] He also mentioned that Alex Jones had been on Piers Morgan's show on January 7. Did the producers and directors all receive the same morning memo, or was it merely a series of coincidences and common interests?

Purporting not to want to give airtime to such claims, he proceeds to do just that. Cooper makes sure that the viewers know that Dr. Tracy is a tenured associate professor at Florida Atlantic University, "a state university that gets taxpayers' money." Cooper, to make sure that viewers have the correct name, repeats it, James Tracy, in consecutive sentences. Cooper then reveals that Tracy, who claims the "shooting

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1382. Anderson Cooper, 360 Degrees, Newtown Conspiracy Theory; Gun Control Debate, Aired January 11, 2013, http://transcripts.cnn.com/TRANSCRIPTS/1301/11/acd.01.html, viewed 4/28/2014.

did not happen," has a blog on which he wrote, "One is left to inquire whether the Sandy Hook shooting ever took place, at least in the way law enforcement authorities and the nation's news media have described."[1383]

Undeniably, there were some idiosyncrasies in the mainstream media reports about Sandy Hook. However, until Tracy wrote about them, one might not have noticed or questioned them until Cooper called attention to Tracy, which probably brought thousands to his website. Does anyone really think that this was not Cooper's intention? TV programming is, after all, programming.

Tracy, according to Cooper, suggested that news organizations and the government "may have worked together" to gain support for gun control laws. Tracy suggested that the government may have "hired trained crisis actors to aid in this ruse" and is "not convinced the parents whose children were killed are really who they say are." Cooper reminds his viewers that Tracy, the professor, has a blog. Cooper then plays an audio clip with a local reporter talking with Tracy who sounds very credible, rational, reasonable, and looks distinguished.[1384] Certainly, they are not going to use some ugly old fat person with marginal credibility.

Cooper then follows up a few minutes later and says Tracy isn't the only one spinning conspiracy theories and then refers to YouTube and mentions another website that he does not give the website address as he did not want to "get them extra traffic. Some of them are claiming that 6-year-old Emilie Parker killed in Sandy Hook didn't actually die." Then he implies that there are other websites "spinning conspiracy theories," about which he is not going to give information. Then he says, now, unless you frequent these types of conspiracy websites, you probably will never see them. Cooper, reminding his viewers, says, "James Tracy, here he is again, is as we said a tenured professor at a public university. Taxpayers pay part of his salary."[1385]

Cooper later introduces Alex Seitz-Wald, from Salon.com, who refers to Alex Jones and his appearance with Piers Morgan on January 7. Seitz-Wald, bringing more attention to the idea of a hoax by actually instructing people on how to find these allegations, says, "There are just dozens and dozens and dozens of posting about these things and if you

1383. Ibid.
1384. Ibid.
1385. Ibid.

just Google Sandy Hook hoax, you can find all kinds of things . . . You know, these are paranoid people who think the government is coming to snatch their guns." Cooper reiterated, "We wouldn't normally even discuss this kind of conspiracy theorist or give them airtime on this program . . . we're not naming these websites because I really don't want to increase their traffic."[1386] Surely, many thousands of people Googled Dr. James Tracy and the words Sandy Hook and then visited his site while still watching Cooper's show.

On January 12, Christian Dem, of the *Daily Kos*, wrote about Cooper's program on Tracy and provided a video of it. Dem then attaches some credibility to Tracy by saying, "Before anyone wonders, Tracy is supposedly on our side. He's a frequent contributor to the *Center for Global Research*, the leftie version of *WorldNutDaily*."[1387] Tracy's website reportedly did receive thousands of hits after Cooper spotlighted him on his *CNN* program. *Fox News* also covered Tracy's allegations. All of this do-not-look-here media attention probably brought thousands of people to Tracy's site. Now, more people than ever are skeptical of the official story about the Sandy Hook shootings.

Not to be outdone by *CNN*, on January 14, 2013, *Kelly's Court* on *Fox News* also gave air time to Tracy's views.[1388] On that same day, Cooper, on his program *All Things Anderson*, allegedly live from Newtown, talked about the gun issue. Two days later, the *Huffington Post* posted an article, "Anderson Cooper Rips James Tracy for Newtown Conspiracy Theories." There were at least 3,365 comments on the article. Several of the comments related to a lot of false statements that were made in the first few hours after the shootings. Definitely, people made false statements, which is not that uncommon in such a chaotic situation when reporters are attempting to acquire as much information as possible and often do not ask the people who have accurate knowledge about the event or the people involved.

1386. Ibid.

1387. Christian Dem, Anderson Cooper calls out Sandy Hook conspiracy theorists, Daily Kos, January 12, 2013, http://www.dailykos.com/story/2013/01/12/1178412/-Anderson-Cooper-calls-out-Sandy-Hook-conspiracy-theorists#, viewed 5/1/2014.

1388. Fox gives air time to James Tracy, http://foxnewsinsider.com/2013/01/14/fl-professor-james-tracy-suggests-sandy-hook-shooting-was-a-hoax-could-he-be-fired, viewed 3/20/2014.

On January 16, 2013, Joyce Riley interviewed Mike Powers, a.k.a. Mike Hollingsworth, on *The Power Hour*.[1389] He claimed that logistically, Lanza could not have carried off the shooting. Other bloggers used the KOL talking points and suggested that Lanza could not have carried off the shooting as he was too "light-weight" and could not have carried the equipment that he is said to have carried nor could he have shot that many victims in that short a period of time.

January 18, 2013, in an article titled *Sandy Hook Conspiracy Theories Edge toward the Mainstream*, two staff journalists with BuzzFeed, elaborate on how particular people, Dr. James Tracy, Ben Swann, and especially, YouTube user TOTT, with his video, *Sandy Hook Shooting—Fully Exposed*, had successfully crossed the invisible barrier from the realm of conspiracies into the mainstream media. Ben Smith and C. J. Lotz, part of the BuzzFeed staff, created a timeline starting at January 5, 2013, that shows an incredible increase from January 12 to 16 in the number of times that the term "Sandy Hook hoax" was mentioned.[1390] On January 18, 2013, Dr. James Tracy was on the Alex Jones Show with Paul Joseph Watson.[1391] On January 19, Mark Howitt published his video, *Sandy Hook—The Documentary*, official video, part 1 of 2. He published part 2, just six days later on January 25, 2013.[1392]

1389. Joyce Riley interviews Mike Powers, http://www.youtube.com/watch?v=SK8tLX6VQp4, viewed 2/2/2014.

1390. Ben Smith, CJ Lotz, Sandy Hook Conspiracy Theories Edge Toward The Mainstream, "By far the hottest topic of the moment," Ignore it and it won't go away, BuzzFeed, January 18, 2013, http://www.buzzfeed.com/bensmith/sandy-hook-conspiracy-theories-edge-toward-the-mai, viewed 5/1/2014.

1391. James Tracy was on the Alex Jones Show with Paul Joseph Watson, January 21, 2013, broadcast on Friday, January 18, 2013, http://memoryholeblog.com/2013/01/21/james-tracy-on-the-alex-jones-show-wpaul-joseph-watson-january-18, viewed 7/26/2014.

1392. Sandy Hook, the Official Documentary, https://www.youtube.com/watch?v=0EwIvy1GXRU, viewed 6/22/2014.

Gun Regulations, a Distraction Psy-Op

Citizens seem to worry excessively about gun confiscation. Yet government officials collaborating with the pharmaceutical industry is a bigger concern.[1393] The government does not need our guns if they can successfully capture our minds and cement certain perceptions.

In order to obfuscate the facts and distract people from looking at the root causes, the government may use paid operatives who focus on gun control or invent all sorts of distracting scenarios or make ludicrous claims that the government orchestrated the event to confiscate our guns. The federal corporation, complicit with numerous corporations into which it invests billions of dollars, does not need our guns in order to wage havoc on the population. It may have designed a counterintelligence-orchestrated opposition operation to sidetrack and obfuscate something even more terrible, insidious, and all-encompassing than the issue of gun control.

For everyone who relinquished their guns in the wake of Sandy Hook, there were probably five or six people who purchased guns, ammunition, and then signed up for NRA classes. The whole gun issue appeared to be a major distraction to take the focus off of other really big issues. It was not a matter of "if" the perfect storm of psychiatric drugs and mass violence would intersect; it was simply a matter of when and how many times it was going to occur before the public was going to connect the dots. Following every mass shooting, there are hundreds of others who immediately purchase guns and ammunition and sign up for NRA classes. People accuse federal officials of exploiting the Sandy Hook event in order to confiscate guns. That may also be a huge part of the deliberate distraction. Actually, support for stricter gun laws is in decline.

[1393] B. K. Eakman, *Walking Targets*, Midnight Whistler Publishers, Raleigh, North Carolina, Kindle, 2007, Location 146–148.

Americans who wanted stricter gun-control measures spiked by about 5 to 10 percent after Columbine.

Rebecca Terrell wrote, "In virtually every mass school shooting during the past 15 years, the shooter has been on or in withdrawal from psychiatric drugs." Observed Lawrence Hunter of the Social Security Institute, "Yet, federal and state governments continue to ignore the connection between psychiatric drugs and murderous violence, preferring instead to exploit these tragedies in an oppressive and unconstitutional power grab to snatch guns away from law-abiding people who have the right to own and bear arms to deter tyranny and to use firearms in self defence against any miscreant who would do them harm."[1394]

Public Act 13-3, approved on April 4, 2013, made significant changes in firearms policies in Connecticut especially regarding long guns (rifles and shotguns) and large-capacity magazines (LCMs). The last elements of the new gun legislation took effect on April 1, 2014. As of that date, an individual will no longer be able to buy a rifle or shotgun, having only a hunting license or experiencing the fourteen-day waiting period. A person must have one of the following: a valid pistol permit, a valid eligibility certificate to purchase pistols or revolvers and a valid eligibility certificate to purchase long guns. An individual must also complete an Application to Purchase Firearms (DPS-67-C),[1395] a Sale or Transfer of All Firearms form (DPS-3-C)[1396] in quadruplicate, and obtain an authorization number from the Department of Emergency Services and Public Protection (DESPP) as one now has to do for a handgun. The seller must keep the DPS-67-C for twenty years and give copies of the DPS-3-C to the buyer, DESPP's Special Licensing and Firearms Unit, and the buyer's local police department.[1397] The seller and the buyer must

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1394. Rebecca Terrell, Psychiatric Meds: Prescription for Murder?, The New American, March 6, 2013, http://www.thenewamerican.com/usnews/crime/item/14655-prescription-for-murder, viewed 3/10/2014.

1395. Application to Purchase Firearms, http://www.ct.gov/despp/lib/despp/slfu/firearms/dps-67-c.pdf, viewed 8/19/2014.

1396. *Sale or Transfer of All Firearms* form, http://www.ct.gov/despp/lib/despp/slfu/firearms/dps-3-c.pdf, viewed 8/19/2014.

1397. Special Licensing Unit, http://www.ct.gov/despp/cwp/view.asp?a=4213&Q=494632&desppNav_GID=2080, viewed 8/19/2014.

retain the DSP-3-C for 5 years.[1398] Beginning on October 1, 2013, anyone buying ammunition has to have a state-issued gun credential.[1399]

Over the weekend of July 25–27, 2014, there were two dozen people killed in Chicago. The government does not need to stage an event to seize guns, using actors and a script as some have suggested. There are hundreds of shootings every year all over the country that it could exploit to take away the guns, but very few in which the shooter might have been on psych drugs. The government could use all the ongoing shootings without any effort—simply publicize and exploit them. If Obama wanted to initiate gun control, why not in his own home state, in the city from which he came? Perhaps there is a more devious reason for focusing the nation's attention on the gun issue with Sandy Hook since it was atypical, unlike gang-related violence. Sandy Hook and the slaughter of little innocent children in an affluent suburb emotionally impacted the nation as no other mass shooting has ever done.

It seems that the minute Obama began talking about guns and violence, people in the alternative media, as if on cue, and like rhetorical Ping-Pong, responded. While many people accuse the government of exploiting the shootings to confiscate guns and/or change gun regulations, Big Pharma and its mouthpiece, the APA, and acquiescent government cohorts may have instigated an egregious exploitation of that horrific tragedy. Given that the shooter had known mental health issues and had possibly or probably taken psych drugs, the pharmacological/government/media complex may have initiated an immediate and aggressive damage control operation before the public had an opportunity to think about a psych drug connection. We know from previous chapters that the government and its agencies, like the CDC and the FDA, and Big Pharma make every effort to conceal incriminating evidence to avoid lawsuits but more especially negative press.

The antigun government and the antigun media, before any investigation had begun, quickly promoted new gun regulations and then they both spun the incident to promote enhanced mental health

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1398. Connecticut Citizens Defense League, Inc. Blog, http://ccdl.us/blog/tag/public-act-no-13-3, viewed 5/20/2014.

1399. McElroy, Deutsch, Mulvaney & Carpenter, LLP, Letter to Sandy Hook Advisory Commission, July 12, 2013, From: Louis R. Pepe, Daniel J. Klau, 2013 Legislative Acts Relevant To The Mission Of The Sandy Hook Advisory Commission.

screenings and treatments. Certainly, some astute official must have made the connection between the shootings and psych drug use. There had already been at least thirty-one violent school-related incidents since 1988. Officials were aware of these documented events, each committed by someone who was either withdrawing or taking psych drugs.

On December 13, 2013, when asked about investigating the drug issue, specifically Prozac and Ritalin, instead of focusing on gun control, Representative Betty McCollum, talking to a group of her constituents, said, "We can't study, federally—we're prohibited from studying the effects of some of the drugs that you were just talking about as it relates to people who go out and commit violent acts with guns. We're prohibited from studying that . . . we have an obligation to study those kinds of issues . . . It is prohibited from the CDC—the Centers of Disease Control—to study this. It's wrong! And that's why we need to get the lobbying efforts out of the discussion."[1400] Her remarks confirm the power of Big Pharma in Washington. It was the CDC who convened the Simpsonwood conference to devise a consensus on the cover-up of vaccine dangers.

After the Sandy Hook shootings, many Americans clamored for stronger gun control measures. Since the Columbine shootings (1999), when people raised questions about increased gun control, there have been other mass shootings, yet they did not all result in additional gun laws. The number of people advocating tighter gun controls has actually decreased every year since 1990. About 73 percent of the citizenry endorse the Second Amendment. Columbine and now Sandy Hook may reshape the gun control debate. The percentage of people who now desire stronger gun laws is below 50 percent according to the surveys.[1401] Perhaps all the gun control rhetoric, the issue behind door number one, is really just a diversion. Perhaps we should be looking behind door number two to get a glimpse of what might be a major factor in all the violence. Lanza is now the poster boy for demonizing gun ownership. The media

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1400. Phil Hickey, PhD, Sandy Hook Massacre: The Unanswered Question, January 6, 2014, http://www.cchrint.org/2014/01/07/sandy-hook-massacre-the-unanswered-question, viewed 1/14/2014.

1401. Harry J. Enten, After Newtown, does the US want tougher gun control laws?, The Guardian, December 15, 2012, http://www.theguardian.com/commentisfree/2012/dec/15/newtown-shooting-tighter-gun-control-laws, viewed 5/8/2014.

is effective in constructing and mobilizing people who demand a change following a heinous tragedy.

Of course, we all know that Lanza used a gun (more than one) to perpetrate his crime. In any such event, there are always the five significant investigative questions: who, what, when, where, and why. Some people include a sixth question—how though it could be encompassed by what, where, or when. In order for an investigation to be complete, all of those questions, perhaps including the sixth, need to be answered. Most of the news media seems to be focusing on the how question—the specific weapon that Lanza used. Since Sandy Hook, Elliot Rodger, a student at Santa Barbara City College, assaulted and killed his three roommates with a knife or a machete before shooting and killing three others, using a Glock 34 and/or a SIG Sauer P226 (he had two) and wounding thirteen others using either a gun or by vehicular assault at twelve separate crime scenes. Of course, there was no discussion of knife-control legislation because obviously it would be ridiculous to even suggest a ban on certain kinds of knives because they are not really the problem, nor are guns.

On the anniversary of the Newtown tragedy, galvanized groups of gun-control advocates, such as Mothers against Gun Violence, the Brady Campaign against Gun Violence, and the Newtown Action Alliance, gathered in Washington to appeal for increased gun-control laws. There was a memorial for victims of gun violence at the Lutheran Church of Reformation on Capitol Hill, attended by some of the family members of the Sandy Hook victims. This was not the first time that some of them had visited Washington since the shootings. Other family members of gun violence victims were there, all holding photos of their lost loved ones and all determined to continue their campaign against gun violence, especially since Newtown. These groups were not necessarily lobbying but were simply remembering. There was a vigil for members of gun violence conducted in Washington's National Cathedral, which began with the pealing of the church's bells thirty times to signify the thirty thousand people that had been slaughtered by guns just since Newtown. Members of Connecticut's congressional delegation were also in attendance.[1402]

[1402] Ana Redelat, Newtown Shooting Has Galvanized Disparate Anti-Gun Groups, The Connecticut Mirror, Sunday, December 15, 2013, http://newtownbee.com/news/news/2013/12/14/newtown-shooting-has-galvanized-disparate-anti-gun/181498, viewed 7/15/2014.

Federal gun laws have not become more lenient nor have gun designs changed. Magazines holding more than ten rounds have been around for a long time and are standard for many handguns. In the 1960s, almost any adult, or even a teenager, could purchase a gun without any problems. Currently, there are stricter laws imposed for a gun purchase. Depending on the state, a store must acquire FBI or state agency permission, which may conduct a background check before selling a gun. The store may not sell a gun to a felon, someone who has committed domestic violence or individuals who have been under psychiatric treatment or deemed mentally ill or alcoholic, among other reasons.[1403]

An interesting issue is that one cannot legally purchase a gun if he or she has been treated for a psychological issue. Given the number of people who have fallen and are daily being placed into this category, it will have the de facto effect of disarming the population in the same way that it has disarmed many of the nation's military veterans. The antigun government passed some gun-related laws while the antigun media began programming our perceptions to take sides in a distracting discussion about gun ownership. With the growing epidemic of psychiatric diagnoses and the drugging of an increasing number of Americans, those who are honest on their gun license application will be not able to legally purchase a gun.

The FBI classifies a mass murderer versus a spree or a serial killer as a person who kills four or more people in a single incident (not including himself) in a single location.[1404] Since 1980, America's homicide rate, using guns, has decreased by over half while random mass shootings have increased. According to Alan Lankford of the University of Alabama, "active shooters" select confined areas "where there are lots of people." The incidents where there were at least 2 casualties totaled 179 from 1966 to 2010. There were 18 in the 1980s, 54 in the 1990s, and 87 in the 2000s. In the 1980s, crimes that involved 5 or more victims numbered 6 while in

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1403. David Kopel, Guns, Mental Illness and Newtown, There were 18 random mass shootings in the 1980s, 54 in the 1990s, and 87 in the 2000s, The Wall Street Journal, December 18, 2012, http://online.wsj.com/news/articles/SB10001424127887323723104578185271857424036?, viewed 4/5/2014.

1404. FBI, Serial Murder, Behavioral Analysis Unit-2, http://www.fbi.gov/stats-services/publications/serial-murder/serial-murder-1#two, viewed 4/25/2014.

the 2000s, there were 19.[1405] Deaths caused by guns dropped from 38,505 in 1994 to 29,573 in 2001.

Overall, violent crime was worse in the 1980s, "including gun homicide." California, the first state to do so, passed a ban on what some people call "assault weapons" in 1989. Connecticut passed a similar law in 1993. According to Connecticut law, Adam Lanza did not use an assault weapon, and the stricter Connecticut did not prevent the Newtown massacre. Most firearms fire one bullet when the shooter presses the trigger. Automatics, like machine guns, fire continuously as long as the shooter presses the trigger. A regular gun, an automatic, ejects the shell case and automatically loads the next round into the chamber. Therefore, most guns are semiautomatics, including many long guns and the very popular AR-15, the gun that Lanza used. Although some guns resemble machine guns, they do not operate like machine guns.[1406]

Many mass shootings occur in "gun-free zones," like schools, movie theaters, and shopping malls. There is a difference between active shooters and typical gangsters participating in a gunfight. According to Ron Borsch's study, active shooters are "predominantly weaklings and cowards who crumble easily as soon as an armed person shows up." They usually commit suicide. "By the time that the police arrive, lots of people are already dead." Armed citizens at the scene have prevented killings, which the media rarely reports. Armed citizens saved lives at the Shoney's Restaurant in Anniston, Alabama (1991); at a high school in Pearl, Mississippi (1997); at a middle-school dance in Edinboro, Pennsylvania (1998); and at the New Life Church in Colorado Springs, Colorado (2007). Make-believe gun-free zones, with disarmed vulnerable people, are "magnets" for mass murderers.[1407]

Mother Jones reports that since 1982, there have been at least seventy mass shootings nationwide, in thirty states from Massachusetts to Hawaii. Thirty-three of these mass shootings have occurred since 2006. From 1982 through 2012, the killers possessed 143 guns, most of which were obtained legally. Over half of the incidents occurred in a school or

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1405. David Kopel, Guns, Mental Illness and Newtown, There were 18 random mass shootings in the 1980s, 54 in the 1990s, and 87 in the 2000s, The Wall Street Journal, December 18, 2012, http://online.wsj.com/news/articles/SB10001424127887323723104578185271857424036?, viewed 4/5/2014.

1406. Ibid.

1407. Ibid

workplace (twelve and twenty, respectively) while thirty other incidents were in public places such as shopping malls, restaurants, and religious and government buildings. Forty-four of the killers were white males and one was a female. Only one of them was a woman.[1408] Following 9/11, the government has spent billions of dollars in foreign countries engaging in wars and concentrating on terrorist bombings in public places instead of evaluating the root causes behind the mass shootings, domestic terrorism, against some of the most vulnerable American citizens. Instead of psychiatrists handing out even more violence-inducing drugs while antigun politicians attempt to "score political points" by focusing on stricter gun laws, they should evaluate cause rather than adding more fuel to an already burning inferno.[1409]

It would be quite a different story if an armed Dawn Hochsprung, the Sandy Hook Elementary School principal, had come out into the hallway and confronted a surprised Adam Lanza immediately after he shot his way into the school. Chances are the antigun media would not have given the heroic woman much attention if any at all. Unfortunately, that is not what happened.

1408. Mark Follman, Gavin Aronsen, and Deanna Pan, A Guide to Mass Shootings in America, Mother Jones, May 24, 2014, http://www.motherjones.com/politics/2012/07/mass-shootings-map, viewed 6/20/2014

1409. Paul Mulshine, The guns were already controlled, but is the prescription drug industry out of control?, The Star Ledger, December 16, 2012, http://blog.nj.com/njv_paul_mulshine/2012/12/gun_control_how_about_prescrip.html

Drilling it into our Heads

Thanks to C. W. Wade who called attention to the drill issue in his video. [1410] On Tuesday, December 18, 2012, Megyn Kelly of *Fox News* conducted a live interview with Gene Rosen across the street from the firehouse. By then, officials installed an illuminated sign at the firehouse that read, "Everyone Must Check In." Evidently, there were many photographers, media people and others who had arrived in Newtown. The sign was not there on the day of the shootings. A relative state of normalcy had resumed by Tuesday; Riverside Road was no longer clogged with traffic and students had returned to school. It is interesting that *Fox* decided to use that location for the interview instead of his front lawn, a short distance away, where he actually encountered the children who had fled from the school. It appears that *Fox* may have added conspiracy fuel to the fire, recognizing that someone was going to see the sign and jump to conclusions or imply that the sign was in place on Friday because the entire event was really a FEMA drill.

That is just what occurred. Some YouTubers, seeing the Kelly interview, insisted that the sign was there on Friday so that purported participants in a FEMA drill could check in and obtain their assignment. People made this claim and others believed it despite the fact that the sign is not evident in images shown on Friday. During an actual drill, officials post a sign saying, *Police Training in Progress, Do Not Enter.* [1411] According to the FEMA guidelines, local school officials usually conduct drills on a closed campus when children are not present. Many school administrators also suggest that a drill is a good experience for older,

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1410. Sofia Smallstorm 's Sign In Sign - Debunked for Wolfgang Halbig - Sandy Hook, https://www.youtube.com/watch?v=vXbZa6EqEqw, viewed 2/17/2014

1411. Debate continues on shooting drills with students, The Daily Herald, February 17, 2014 https://www.dailyherald.com/article/20140217/news/140218705/photos/AR, viewed 2/17/2014

high school-age kids but they would never consider exposing elementary-age children to such a traumatic experience. In a drill, the participants must say, at the beginning and end of every communication, "*This is an Exercise.*" There were no such communications or any actual evidence of a drill on December 14, 2012.

With regard to a Mass Casualty Incident (MCI), one "researcher" claims in an article dated October 8, 2014, that FEMA created a twenty-page plan on October 8, 2012, with an exercise date of December 14, 2012. While FEMA and the DHS provide guidance on carrying out a drill, *only* local agencies actually create and execute their own drill. The "researcher" has a link purportedly showing this FEMA-generated plan, which, to be legitimate, should be external and not on the researcher's site. The "plan" is actually an MS document, under Site Activation Call-down, Exercise Plan (ExPlan), borrowed from the Massachusetts Health and Human Services that someone edited to convey that FEMA planned a special operation at Sandy Hook. School districts in Massachusetts may download and fill in the document according to their plans for a drill, something that many high schools conduct in numerous states.[1412] Whoever edited that document—also shown in a YouTube video, published on October 7, 2014, just a day before the article—filled in the dates as above, including inaccurate information to deceive people into thinking that FEMA announced an exercise plan for Sandy Hook.[1413] According to the "researcher," it "explicitly references a scenario where the 'Mass Death of Children at a School by Firearms'" is followed by a "Suicide or Apprehension of (an) Unknown Shooter." The "researcher" suggests that this might have something to do with the eleven-thousand-page "script" (excess – not even in Hollywood) that someone else claims was used by the "Connecticut State Troopers."[1414]

1412. Mass. HHS, http://www.mass.gov/eohhs/gov/departments/dph/programs/emergency-prep/training/emer-dispensing-toolkit/emergency-dispensing-site-drills.html, viewed 10/20/2014. More info here by Kelbel: https://www.metabunk.org/threads/debunked-sandy-hook-fema-drill-pdf.4656/#post-129002, viewed 1/15/2014

1413. FEMA Drill PDF, https://www.youtube.com/watch?v=cR4Snb-TYUs.

1414. James F. Tracy, FEMA/DHS 12/14/12 Plan for "Mass Death of Children at a School By Firearms, October 8, 2014, http://memoryholeblog.com/2014/10/08/femadhs-12142012-plan-for-mass-death-of-children-at-a-school-by-firearms, viewed 10/10/2014.

Big Pharma and the AMA rely on a patient ignoring the package inserts on dangerous prescription drugs. Likewise, people who make such unsubstantiated claims rely on their readers or listeners not to look at the sources that they cite. I unsuccessfully attempted to find the original FEMA document that the "researcher" placed on his site. Whoever doctored the document provided the wrong e-mail address for Thomas Romano, the regional trainer for Connecticut, adding an *e* after gov.[1415] Whoever edited the document was apparently insufficiently skilled as he/she did not edit out the part that states, "All communications (written, radio, telephone, etc.) made during the exercise will begin and end with the phrase 'This is a drill.'" Another site inevitably published the article regarding this so-called FEMA drill, and the link for the document again originates at the site of the "researcher."[1416] This "evidence" is akin to the looped videos and other discredited theories the hoaxologists try to foist on unwary truth seekers. When "researchers" resort to this kind of desperate "proof," one must question their integrity, their intelligence, and their research skills or all of the above.

There was a school shooting drill in Bridgeport, nineteen to twenty miles from Newtown, on December 14, 2012, from 9:00 a.m. to 4:00 p.m. ET. It was actually an all-day class conducted by the Connecticut Department of Emergency Services and Public Protection Emergency Management and Homeland Security, entitled "Planning for the Needs of Children in Disasters."[1417] Homeland Security issued the following directives regarding drills: "To prevent confusion with real-world communications or accidental deployment of resources, all communications must be clearly identified as exercise-related. This can be accomplished by displaying the phrase 'exercise material only' prominently on all typed or printed communications, and by beginning

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1415. DESPP, Connecticut, Region 5 – Waterbury, http://www.ct.gov/demhs/cwp/view.asp?a=1921&q=295362, viewed 10/20/2014.

1416. Author's site: https://memorygapdotorg.files.wordpress.com/2014/10/drill-site-activation-call-down-exercise-plan_a.pdf, minimized is https://memorygapdotorg.files.wordpress.com; click and it is http://memoryholeblog.com.

1417. DESPP, Connecticut, http://www.ct.gov/demhs/ical/eventDetail_page.asp?date_ID=CAC9C6C9CD83CDC9C7, viewed 10/20/2014.

each verbal communication by stating, *'This is an exercise,'* or a similar statement as agreed upon by the exercise planning team."[1418]

Additionally, "each actor should receive a waiver form prior to the exercise. Signing this form waives liability for all exercise planners and participants. Exercising entities should use discretion when recruiting actors under the age of 18 because of additional challenges and concerns related to liability. If the exercise requires volunteers younger than 18-years-old, parents or legal guardians must sign their waiver forms." "Members of the media have the unique ability to fulfill an important function before, during, and after an exercise. Prior to an exercise, they inform the public that an exercise will take place, and raise public awareness that the community is preparing for disasters."[1419]

1418. Homeland Security Exercise and Evaluation Program (HSEEP), April 2013, p. 4-6, http://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13_.pdf, viewed 4/4/2014.

1419. Ibid., p. 3–19.

Distracting People with Deceptive Details, Hoaxology 101

A friend of mine often uses the expression "a legend in his own mind," which is applicable in many situations. Typically, there is substantial evidence of one's expertise in any given area. For instance, Frank Lloyd Wright, the architect, designed more than 1,000 structures and completed 532, providing physical proof of his expertise. Another example is Dr. David Healy, a professor of psychiatry, a psychiatrist, psychopharmacologist, scientist, and author who has substantiated the correlation between antidepressants and suicide and the conflicts of interest between the pharmaceutical companies and academic medicine. His numerous books, articles, and expert witness testimony are evidence of his expertise. Neither of these individuals had to concoct credentials to validate their area of knowledge and skill. The evidence and the easily accessible verifiable history of their expertise do not need magnification because it exists; it speaks for itself. One does not have to scour the Internet to find evidence of their existence and expertise.

On the other hand, if one claims to be an architect but has never designed an existing structure, or perhaps just one structure, or written some kind of a treatise on architectural design, then we might question his credentials and architectural expertise. If one claims to be a nationally known expert on guns, photography, health care, nutrition, school safety, or some field, then there should be existing evidence of that expertise *before* an individual makes that claim. If one is "nationally known," then someone in the nation should have heard of him. There should be a record of him as a speaker at a national convention, testifying at a hearing, a video of TV or radio appearance prior to the time that he and his promoters began extolling his expertise.

There are those who have little visible recent experience but become experts in the course of being promoted as experts. Such "expertise" increases with each public exposure so that people, if they are astute,

actually witness the subtle creative construction of a "nationally known" expert. For the record, most people who are expert rarely refer to themselves as such but rather his work and/or history demonstrates that proficiency and provides sufficient evidence. On the other hand, there are those who quickly emphasize their often dubious credentials, lest anyone forget just how important he is. However, respect and recognition are due to those who have legitimate qualifications and demonstrate them.

For instance, if one claims to be a "nationally recognized school safety and security expert and consultant" and has in the past worked in the area of law enforcement or school administration or as a teacher would or should fully understand jurisdictional procedures. That person would not approach a school board to inquire about FBI records.[1420] Speaking of the FBI, on September 24, 2014, on the Alex Jones website, a writer claimed, "Recently released FBI crime statistics curiously appear to show that no murders occurred in Newtown, Connecticut, in 2012."[1421]

Any individual with a law enforcement background and who has any familiarity with the events of December 14 would know that the CSP assumed full responsibility for the investigation and reported its statistics to the FBI. The Newtown Police Department did *not* report the murder statistics because it did *not* conduct the investigation. The individual who wrote the story failed to understand the reporting system and looked at the wrong FBI statistics, which are in table no. 11 and not in table no. 8. We may assume that he made an "honest" mistake. On the other hand, a person with law enforcement experience would recognize that there is a jurisdictional distinction and could have immediately corrected the distortion. It is easy to persuade unsuspecting people to accept faulty figures that appear reliable from a notably dependable site like the FBI.

The article included a link to an FBI site, which uses the voluntary Uniform Crime Reporting (UCR). Table no. 8 gives various statistics for each city/town. For Connecticut, the total number of murders investigated by local authorities within each city/town was 102. The cities

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1420. Wolfgang Halbig, Letter to the Newtown Board of Education, January 22, 2014, to Debbie Leidlein, Laura Roche, Keith Alexander, John Vouros, David Freedman, Michelle Embree Ku, Kathy Hamilton, Follow the CT Laws on the Ct Freedom of Information Act

1421. Adan Salazar, FBI Says No One Killed at Sandy Hook, Info Wars, September 24, 2014, http://www.infowars.com/fbi-says-no-one-killed-at-sandy-hook, viewed 9/24/2014

that experienced the most murders were Bridgeport, 22 murders (pop. 146,030); Hartford, 23 murders (pop. 125,203); and New Haven with 17 murders (pop. 129,934). The majority of the towns, most of which have low population, experienced no murders. Newtown's population was 27,904.[1422] In another database, Connecticut's population for 2012 was 3,591,765. In yet another database, *Connecticut Crime Rates 1960–2013* states that there were 32 murders, presumably obtained from the CSP.[1423] There is a table no. 8 for every state.

A researcher should determine the exact specifications of the database. All databases are secondary or compiled sources and are therefore subject to interpretation and human error during the entry process. At the FBI site for table no. 8, clicking on the link *Data Declaration* provides this information: "The data used in creating this table were from all *city and town law enforcement agencies* submitting 12 months of complete offense data for 2012." This means that table no. 8 is the compiled information contributed by local officials following their investigation of the crime of murder. On the page showing table no. 8, if one clicks on the link *Violent Crime*, it will take the visitor to a page where he may view all the data tables. Select table no. 11[1424] and read the *Data Declaration* to ascertain the specific information contained in that table for each state: "The data used in creating this table were *from all state, tribal and other law enforcement agencies* submitting 12 months of complete offense data for 2012."

On the page for table no. 11, select Connecticut. [1425] This provides the murder statistics that the CSP reported. It investigated thirty-six murders,

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1422. Table 8, Connecticut, Offenses Known to Law Enforcement by City, 2012, http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2012/crime-in-the-u.s.-2012/tables/8tabledatadecpdf/table-8-state-cuts/table_8_offenses_known_to_law_enforcement_by_connecticut_by_city_2012.xls#disablemobile, viewed 9/26/2014.

1423. Connecticut Crime Rates, 1960-2013 www.disastercenter.com/crime/ctcrime.htm, viewed 9/26/2014.

1424. Violent Crime, http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2012/crime-in-the-u.s.-2012/violent-crime/violent-crime, viewed 9/26/2014.

1425. Table 11, Offenses Known to Law Enforcement, http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2012/crime-in-the-u.s.-2012/tables/11tabledatadecpdf/table_11_offenses_known_to_law_enforcement_by_state_by_state_tribal_and_other_agencies_2012.xls/view, viewed 9/26/2014.

which includes those in Newtown.[1426] The author of the story at the Alex Jones site mentions that twenty-nine deaths are listed in table no. 8 format for the city of Aurora, Colorado. On July 20, 2012, shooter James Eagan Holmes killed twelve people and injured seventy others at the Century Aurora 16 theater. The difference between the shootings at Aurora and those in Newtown is that the Aurora Police Department and the Arapahoe County medical examiner conducted the investigation and not state authorities. Jones confirmed the FBI site as being "unusually accurate" when he had a former Florida highway patrol officer on his program the next day promoting the idea that the FBI admitted that there were no deaths at Newtown.

The CSP published a 429-page book, *Crime in Connecticut, January–December 2012*, apparently a yearly endeavor. The total number of murders for the state according to this book is 143, with a note stating that the number included the Sandy Hook victims. This primary source gives the state's population as 3,590,333 as opposed to the other source of 3,591,765 and the population of Newtown as 26,389 as opposed to the figure shown in table no. 8, as 27,904. On page 245 of this CSP book, under the heading "Offense and Arrest Data," the number of murders in Newtown is zero and refers to the footnote that states, "Does NOT include 27 victims of Newtown mass shooting (see State Police Misc.)."[1427] This is consistent with the FBI tables, which also distinguish law enforcement jurisdictions and the reporting of homicides. The point is that people select and often manipulate data to support a particular agenda.

1426. Connecticut, Table #11, Offenses Known to Law Enforcement by State, Tribal, and Other Agencies, 2012 http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2012/crime-in-the-u.s.-2012/tables/11tabledatadecpdf/table-11-state-cuts/table_11_offenses_known_to_law_enforcement_by_connecticut_by_state_tribal_and_other_agencies_2012.xls, viewed 9/26/2014.

1427. Connecticut State Police, Annual Report of the Uniform Crime Reporting Program, State of Connecticut Department of Emergency Services and Public Protection, Crimes Analysis Unit, Crime Index Components for Connecticut, pp. 11, 25. http://www.google.com/url?url=http://www.dpsdata.ct.gov/dps/ucr/data/2012/Crime%2520In%2520Connecticut%2520COMPLETE%25202012.pdf&rct=j&q=&esrc=s&sa=U&ei=t4RnVLvTF4KhyAT3iYHoCw&ved=0CB8QFjAC&usg=AFQjCNHusNS0lXCMIggfXa0jdukOiYhC5w, viewed 9/26/2014.

People in the educational field would know about the large number of students within the public school system who are being prescribed psychiatric drugs. Probably the first thought that such a person would have in hearing about the events at Sandy Hook would be "What drug(s) was Adam Lanza was taking?" instead of asking about who ordered the porta-potties. Porta-potties were probably arranged by one of the many NGOs that swing into action for such catastrophic events. That same researcher claims that he was assigned as a "response worker" at the Columbine shooting in 1999. Thereafter, he tried to raise money to "free" Mark Taylor, a Columbine survivor who had been forcibly hospitalized and given psych drugs. Taylor had been asking too many questions about the drugs that provoked the shootings and intuitively knew that they were the causal factor and testified to that fact in 2004.[1428]

The "school safety expert" stated that he knows of Dr. Ronald D. Stephens, the executive director of the National School Safety Center (NSSC), who in 1998 developed a checklist of "characteristics (that) should serve to alert school administrators, teachers and support staff." A teacher, principal, or administrator should be familiar with the following characteristics and might have easily applied them to Adam Lanza as a causal factor in his egregious actions:

- Has a history of tantrums and uncontrollable angry outbursts
- Is on the fringe of his or her peer group with few or no close friends
- Is preoccupied with weapons, explosives, or other incendiary devices
- Prefers TV shows, movies, or music expressing violent themes and acts
- Prefers reading materials dealing with violent themes, rituals, and abuse
- Reflects the dark side of life in school essays or writing projects
- Is antisocial, on the fringe of peer acceptance

1428. Columbine-Mark-Donna-Taylor-2008, YouTube video, https://www.youtube.com/watch?v=_vP4rW6PzmtI&feature=player_embedded, viewed 6/28/2014.

- Is often depressed and/or has significant mood swings[1429]

The NSSC created a 49-page document covering all media-reported "school associated deaths" beginning with the 1992–1993 school year to 2010, issued on March 3, 2010. Certainly, teachers, principals, and school-safety experts would be aware of this report, which indicated that 348 people died as a result of shooting while 67 died as a result of stabbings. Fifty-two deaths occurred in elementary schools while 311 deaths occurred in a high school. The greatest number of deaths (93) occurred in California. Of these deaths, eighty-eight were listed as suicide, 120 were listed as interpersonal dispute while those that involved a mass shooting, such as Columbine, were listed as unknown and totaled 165.[1430]

It seems doubtful that any astute teacher, principal, and school-safety expert would claim that the shootings mentioned above were staged two years in advance by the federal government or that the school and police authorities failed to adhere to emergency protocol. He/she would probably immediately relate the incident to the NSSC's document and like most folks who heard about those tragedies, he/she would probably feel deep sympathy and compassion for the families involved and would have considered ways to make improvements at his/her school.

Some people have challenged the way in which the first responders acted on December 14, 2012. The Emergency Management Institute offers an online three-hour introductory course on the National Incident Management System (NIMS) without any prerequisites. This class was developed by the Department of Homeland Security and established in March of 2004. Anyone may freely complete this course. The DHS published the thirteen-page *Active Shooter How to Respond*. On page 6, it says, "Law enforcement's purpose is to stop the active shooter as soon as possible. Officers will proceed directly to the area in which the last shots

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1429. Checklist of Characteristics of Youth Who Have Caused School-Associated Violent Deaths, National School Safety Center, http://www.schoolsafety.us/media-resources/checklist-of-characteristics-of-youth-who-have-caused-school-associated-violent-deaths, viewed 5/28/2014.

1430. School Associated Violent Deaths, In-House Report of the National School Safety Center, www.schoolsafety.us, https://docs.google.com/viewer?a=v&pid=sites&srcid=c2Nob29sc2FmZXR5LnVzfG5zc2N8Z3g6NWFlZDdjZjBjMGY1Yjc3Mw, viewed 9/1/2014.

were heard." On page 5, it says, "The first officers to arrive to the scene will not stop to help injured persons. Expect rescue teams comprised of additional officers and emergency medical personnel to follow the initial officers. These rescue teams will treat and remove any injured persons."[1431]

People with law enforcement experience or who are familiar with the DHS and its methods on handling active shooters would not focus on inconsequential questions such as who served as the incident commander or why no one requested Life Star helicopters. He probably would never claim that the authorities did not allow paramedics and the EMTs inside the school, which in fact they did, nor would he ask about who declared the victims dead. He probably would not ask why the parents did not allow surgeons to extract and donate the organs of their dead children. Actually, vital organs are no longer viable once a donor is dead.[1432] Officials did not order Life Star helicopters because there was no life and because of other factors, an issue that Keith Johnson and others have thoroughly explained. [1433] Johnson addressed the parking of the cars at the school and the registration of the car that Lanza drove. [1434] He also addressed the DNA issue as some people claim that there was insubstantial or no DNA evidence on some of the items found at the crime scenes. [1435]

It appears that some of the hoaxologists use a subtle tactic—if they overwhelm sincere people with dozens of questions, then those who are really interested in why Sandy Hook occurred will spend valuable time refuting their claims and never have sufficient time to uncover the real causes of violence, suicide, and mass murder. One hoaxologist, since the release of the official report, began posting messages discouraging people

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1431. How To Respond When Law Enforcement Arrives, October 2008, http://www.dhs.gov/xlibrary/assets/ active_shooter_booklet.pdf.

1432. Why People should not sign up to be an organ donor, http://www.lifeguardianfoundation.org, viewed 8/5/2014.

1433. Keith Johnson, Mick West, Life Star Helicopter, https://www.metabunk.org/threads/debunked-why-were-life-star-helicopters-not-deployed-to-sandy-hook-school.3171, viewed 1/15/2015

1434. Keith Johnson, Sandy Hook Hoaxers Debunked: Professor Doom1's BOMBSHELL Bloopers, https://www.youtube.com/watch?v=975YrGC9uPA, viewed 1/15/2015

1435. Keith Johnson, Hoaxers Debunked: DNA Analysis, https://www.youtube.com/watch?v=9392gD9a5DU, viewed 1/15/2015, see: http://sandyhookstalkers.wordpress.com/

from looking at the report. This same person also misrepresented the information in one of the audio files. People take things out of context, such as seconds out of a video or they misrepresent a video image relying on their followers never looking at the sources for verification. People should investigate for themselves and draw their own conclusions. The very first place that a person should look to confirm or discredit any part of the official version of any event is the official records.

Ethical people who are sincerely seeking answers readily accept evidence that addresses their issues, even if it contradicts their previous views or statements. Most people, when they make an error, or a false statement, want correction as they are interested in the truth. People do not want to look ignorant. It takes a bit of humility to make adjustments, but that is what researchers do—they alter their views when presented with or if they discover new evidence-based information. However, KOLs whose objective is to impose their key talking points upon a justifiably suspicious population do not change their positions but repeat their original talking points and add additional viewpoints to maintain interest. They ask questions or make definitive statements, not because they want information but because they want to generate continued cynicism in public officials who frequently and regularly deserve our distrust and contempt.

If people ask public officials for specific information that those officials have already provided in the formal reports, then there is no need for further queries, *if* that information is the real objective. One might accusatorily suggest that the official reports associated with Sandy Hook are devised and deceptive. Then why ask for information from the very people who conceived and ordered those reports if one fails to believe what is in the reports? If the inquirer is really seeking information, the reports are quite adequate and more than satisfactory. Therefore, one might presume that the objective is not really the acquisition of information but the ever-so-subtle imposition of skepticism. Questions, unless they are legitimate, generate doubt, suspicion, and cynicism and introduce disinformation. It seems that provocateurs are drumming up dissent, division, and distrust within the so-called "truth" movement.

The best place to find potential evidence of official complicity in Sandy Hook is in the Connecticut State Police (CSP) report that was released on December 27, 2013. Asking questions that the report has answered is a bit deceptive in that most people do not have the time or interest to read the report. Therefore, when a hoaxologist asks seemingly

reasonable questions, it makes him/her seem responsible. Change agents find it essential to have others embrace and redistribute those easily remembered phrases, those basic talking points that largely remain the same, retaining the same basic implication that the officials have lied to the population and that astute truth seekers need to courageously demand answers at all costs.[1436]

People in the "alternative" media consider themselves independent, critical thinkers who would never fall for the Delphi technique. Nope, they are a lot smarter than other people who believe everything that they hear and rarely question anything. Good teachers encourage students to critically and independently think for themselves and to solve problems. Good KOLs, like some teachers who are dedicated to the public school system, encourage their followers to fall into lockstep and simply regurgitate the same information that the KOLs are disseminating—in other words, independent thinking is prohibited.

It is deliberately difficult to resist answering the questions because most people want to share what they have learned, but the sharing and exchange of information does not seem to be the hoaxologist's objectives. An acquaintance of mine recently used the term "fiction addiction." I am inclined to believe, based on my research that some people are blindly addicted to fiction for various reasons and they will affiliate with a group if it embraces popular theories rather than scientifically-based facts.

[1436] Wolfgang Halbig's 16 Questions—asked and answered! Halbig Debunked... Again, March 23, 2014, http://sandyhookanalysis.blogspot.com/2014/03/wolfgang-halbigs-16-questions-asked-and.html, viewed 3/24/2014.

Planting "Evidence" in All the Right Places

Parents hide Easter eggs and make the task of finding them age-appropriate and challenging, but not too difficult. They want their seeking children to feel the excitement of the exploration by not making the treasure too difficult to find, just enough to provide satisfaction and achievement in the discovery. It is a game in which both parties find lighthearted pleasure. The triple alliance, the pharmacological/government/media complex participates in endeavors that are more serious because the stakes amount to billions of dollars. It breaks all the rules because it has the power of the law, lengthy experience, and it controls much of the nation's perceptions by building a consensus in many areas and about many subjects.

When the triple alliance plants evidence, it might seem similar to parents hiding Easter eggs, but what it is hiding is not just a few eggs and chocolate bunnies. The consequences are much greater if the seeker fails to find the "evidence." Therefore, it must be accessible but not too obvious and to seem the most credible, should be incrementally revealed, to gradually draw more people into a giant web of deceit. Children gradually discover that the Easter bunny is Mom and Dad. People will not so readily discover that the triple alliance is behind the planting of all those appealing fragments of various semi-believable theories gradually doled out to keep people busy and distracted, attempting to prove or disprove them.

The government's numerous ABC agencies such as the FBI, the CIA, the CDC, the FDA, the EPA, and numerous other groups supposedly function in the interests of the American citizens. If that were actually true, then those agencies are directed by inefficient, unskilled, untrained ignorant buffoons who rationalize their failures with the whoops explanation – gosh how did that happen or I/we just did not anticipate the negative consequences. The ABC agencies were established under

false pretenses and essentially exist to protect corporate profits. If some honest politician (an obvious oxymoron) would acknowledge even an iota of the many offenses of officialdom, the public would fully recognize the irregularities and incompetence and demand full exposure. Thus, the triple alliance must work extra hard and smart to convince certain susceptible segments of the public to accept the idea that Sandy Hook was a hoax.

Otherwise, people are going to wake up to the fact that psych drugs are dangerous and that the FDA should never have initially approved them. Then there is going to be hundreds of other questions about government activities and things are going to become very unpleasant. Officialdom is concealing the eight thousand drug-induced suicides annually in the military, for the very same reason that it wants the public to speculate and doubt the massacre in Newtown. The government can more easily suppress and rationalize the deaths among the military. Sandy Hook is a different story—they need an aggressive damage-control operation that permeates both the mainstream and alternative media. Officials know that people within the alternative media question everything and would probably focus on the psych drug issue. They had to be prepared for that inevitability with ostensibly credible but sidetracking arguments and "evidence" to address the predictable skepticism and promote the idea that it was a hoax.

Meanwhile, the mainstream media promotes the idea that troubled people need greater access to mental health care and even more prescription drugs. Given the huge number of people who take psychiatric drugs, many people evidently believe that pills solve problems and they are unaware of the inherent dangers that come with using these drugs. Regarding Sandy Hook, many people gathering their information from the mainstream media believe that Lanza did not receive the necessary mental health care that he needed or he would not have slaughtered innocent children.

There is a difference between disinformation and misinformation. Disinformation is deliberate, subtle, insidious propaganda frequently integrated with truth, especially in the alternative media. Misinformation may be a simple demonstration of ignorance. We are unequally educated. Some people do not read but rather embrace other people's conclusions as their own from media sound bites, YouTube videos, or from like-minded associates. Integrated misinformation is prevalent in the alternative

environment, where predisposed people, with an addiction for fiction, apparently accept perpetual legends that scholarly investigators have thoroughly invalidated. Regarding truth, an author or a radio host might present factual information 90 percent of the time. It is the 10 percent about which one should worry. We need to be hyper vigilant as we cannot always judge a person's intentions, whether the misinformation is unintentional.

The alternative media is for skeptics who pick up on the planted inconsistencies in the media; this group is more likely to generate some independent thinkers who see through the façade of the herd mentality official cover story of current and historical events. The alternative media attracts people who justifiably distrust the government because officials have historically and repeatedly deceived people about many major events and every war in which the United States has been involved. Politicians, acting in consensus, devise laws that negatively affect the economy, medical practices, immigration policies, the morally declining culture, and the disintegrating environment. Politicians have deliberately made decisions for which they typically blame the other political party or some outside enemy. They are also intent on infiltrating the alternative media.

David Ray Griffin, a leading KOL of the "9/11 Truth Movement," wrote *Cognitive Infiltration, an Obama Appointee's Plan to Undermine the 9-11 Conspiracy Theory*, a response to Cass Sunstein's argument for a new counterintelligence operation. Griffin has been a guest on many radio programs with hosts such as Dr. James Fetzer, Kevin Barrett, Alex Jones, and has spoken at numerous 9/11 conferences, along with Dr. Steven Jones, Richard Gage, and others. People throughout the "9/11 Truth Movement" applauded Griffin's book about Sunstein.

Strangely, and suspiciously discriminatory, some of the same people who praised and applauded Griffin for writing about Sunstein, now seemingly with collective memory loss, criticized Michael Collins Piper for also referring to Sunstein in his recent book, *False Flags, Template for Terror*. Such selective appreciation may function as a purposeful benefit or an indictment, depending on the agenda and the participants. Piper quoted the Zionist propagandist Jonathan Kay, "Elaborate conspiracy theories now can be cobbled together literally overnight through the efforts of hundreds of scattered dilettante conspiracists. Another result

is that conspiracists all around the world now tend to focus on the same few dozen talking points that figure prominently on the top websites."[1437]

Cass Sunstein and Adrian Vermeule and Their Theories

Sunstein, the administrator of the Office of Information and Regulatory Affairs, along with coauthor Adrian Vermeule, posted a document on the Internet on January 17, 2008. They said that millions of people believe in conspiracy theories and to counter them, (1) the government must understand how they flourish and (2) how it might undermine the "identifiable cognitive blunders." They said attempts to persuade theorists to abandon their ideas only provided "further proof of the conspiracy." Officials decided that they could be most effective by "cognitive infiltration" into such groups and introduce "diverse viewpoints" and "informational diversity . . . to expose indefensible conspiracy theories as such."[1438]

They said that infiltrators should focus on the "third-party mass audience" by using arguments and rhetoric *repeatedly* to reinforce it. We mean that government efforts might succeed in weakening or even breaking up the ideological groups. "Hearing only conspiratorial accounts of government behavior, their members become ever more prone to believe and generate such accounts." To polarize a group, we suggest the reversal of views by the introduction of other ideas. "Government agents (and their allies) might enter chat rooms, online social networks, or even real-space groups and attempt to undermine percolating conspiracy theories by raising doubts about their factual premises, causal logic or implications for political action."[1439]

Sunstein says that people who accept things using weak or even nonexistent evidence that turns out to be false have crippled

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1437. Michael Collins Piper, False Flags, Template for Terror, An Analytical Critique of the Covert Model Utilized by the Conspirators who Orchestrated 9-11, the Oklahoma City Bombing, the JFK Assassination, Sandy Hook and Boston, American Free Press, 2013, pp. 273–274.

1438. Cass R. Sunstein and Adrian Vermeule, Conspiracy Theories, Harvard Law School, January 15, 2008, Harvard Public Law Working Paper No. 08-03, U of Chicago, Public Law Working Paper No. 199, U of Chicago Law & Economics, Olin Working Paper No. 387, pp. 1–4.

1439. Cass R. Sunstein, Adrian Vermeule, Conspiracy Theories, 1/15/08, pp. 22–23.

epistemologies. Most people rely on others to know what to think as they lack personal or direct information. Many theories begin as a result of rumors and speculation, often erupting simultaneously in social networks. There are entrepreneurs who propagate their theories for profit while others may be sincere and perhaps seek to achieve some social goal.[1440] Many people do not trust the government, but that does not mean that it is behind every single bad thing that happens within the country. We are individuals, and we should think like individuals, not as part of a herd. That is groupthink; that is the Marxist mentality.

Sunstein is aware that speculative rumors inevitably erupt when bad things happen. Rumors seem plausible and provide a vehicle for outrage against the injustices we witness and experience. In the last several decades, Americans have suffered economically, culturally, socially, and politically. Theories allow the average person to vent his or her anger at other entities whom they might accuse of deliberate, intentional behavior. Many people require very little proof while others require hard scientific evidence before accepting an idea. The government may then "supply direct or indirect evidence" until even the most skeptical people begin to accept crackpot clues. People often accept theories because it becomes a well-devised consensus. They will join the crowd even if the crowd is going in the wrong direction to retain "the good opinion of others" and not to polarize the group.[1441]

Sunstein, obviously familiar with the Delphi technique, knows that people will adjust their views to the "dominant position" to retain a "shared sense of identity and solidarity." Those unconnected to the group will then lack credibility. That is why paid infiltrators have crept into the "truth movement" where they create theories that many will believe.[1442] He suggests that group leaders, KOLs, might try to segregate and insulate the group's members to prevent polarization and dissent away from their conspiratorial enclave. "Group leaders may enforce segregation in order

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1440. Cass R. Sunstein and Adrian Vermeule, Conspiracy Theories, Harvard Law School, January 15, 2008, Harvard Public Law Working Paper No. 08-03, U of Chicago, Public Law Working Paper No. 199, U of Chicago Law & Economics, Olin Working Paper No. 387, pp. 8–9.

1441. Ibid., pp. 10–12.

1442. Ibid., pp. 13.

to insulate the rank and file from information or arguments that would undermine the leaders' hold on the group."[1443]

Sunstein-style operatives, agitators, provocateurs appear to be skillfully constructing a consensus within the alternative media that may, with the right tactics, breach the imaginary boundary that seems to exist between the two entities. Lenin said, "The best way to control the opposition is to lead it ourselves." That statement is applicable to propaganda and information proliferation, in the mainstream media and in the alternative media. The alternative media is the most desirable and effective target for pharmacological/government/media infiltrators. People expect the truth and are willing to believe well-trained persuasive provocateurs that often create or locate "experts" that they use to support their allegations. Some people tend to accept the "expert's" conclusions without critically thinking. People have a tendency to categorize the media—assuming that the majority of information coming from the MSM is all deceptive as opposed to the data emanating from individuals in the alternative media. Some people think in terms of black and white without considering the gray areas. This can be dangerous.

1443. Ibid., pp. 10–12.

Consensus + Marketing = Belief, Theories Co-opt Evidence

Edward Bernays, the nephew of Sigmund Freud, designed tactics that people now employ to discourage dissent and immobilize inquiry. They are meant to produce a herd mentality, a comfortable consensus, within an amenable population that will publicly censor others whose views differ. Individuals then quickly reconsider their rhetoric and remain silent when they see others discredited for independent opinions similar to their own. These devices, which disdain and almost prohibit objective thinking, discourage others from thoroughly examining certain events and circumstances. KOLs use these various methods to build a consensus about numerous issues affecting every person, not only in the United States but also throughout the world. Following are several examples of the use of consensus building in several groups using the Delphi Technique, some of which I have already previously mentioned.

The Delphi Technique

In the 1950s and 1960s, Olaf Helmer, Norman Dalkey, and Nicholas Rescher working with the Ford Foundation–funded Project Rand, institutionalized collectivized thinking with their Delphi technique. It is based on the hypothesis that a group of experts and their decisions are far more authoritative and convincing than individual judgments. These experts, representing an interest group, have modified its application according to the circumstances, but the procedure follows a particular pattern. Often, but not always, to prevent a few of the experts from dominating the process, participants maintain anonymity. A facilitator asks the participants, the "experts," for their opinion on an issue, followed by discussion and feedback. They repeat the process until they have a consensus.

The coordinator or facilitator of the Delphi Technique manages the opinions and contributions of a *panel of experts* that were each chosen primarily for their identifiable views and opinions. The facilitator distributes questionnaires and/or surveys, which are then collected and analyzed. He or she classifies both collective and conflicting opinions. The process continues as necessary, gradually hammering through the commonalities and the differences to reach an amalgamation of opinions. The medical, science, and technology fields initially applied the Delphi Technique in order to psychologically manipulate public perceptions. People use it in conferences, task forces, commissions, advisory councils, and the educational system, which includes the medical and mental health care industries.

The American Medical Association

Doctors incorporated the American Medical Association (AMA) on April 14, 1897. By consensus, to eliminate competition, they created a profit-based "medical" system to focus on treating symptoms with chemicals/surgery and the promotion of vaccines. The AMA's "propaganda department," claiming it wanted to protect the public from "quackery," published negative comments about other medical protocols, along with a yearly list of the most "useful drugs."[1444] In June 1901, John D. Rockefeller Sr. founded the Rockefeller Institute for Medical Research, and envisioning the possibilities in a pharmaceuticals market, in 1909, he collaborated with the Carnegie Foundation. They funded Abraham Flexner's survey of 155 medical schools in America and Canada.[1445] Carnegie and Rockefeller decided to drastically reform America's

1444. Robert Whitaker, *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, Crown Publishing Group, New York, Kindle, 2010, pp. 55–56.

1445. Barbara Barzansky and Norman Gevitz, editors, Beyond Flexner: Medical Education in the Twentieth Century, Greenwood Press, New York, 1992, p. 1.

medical education.[1446] The AMA then represented very few of America's physicians.[1447]

Congress selected the AMA as the ever-vigilant doorkeeper and authorized it to approve or disapprove of any of the nation's medical schools based on its criteria. This small group determined America's medical care system, ultimately using its Standard of Care. Dr. Banks wrote, "The loss of faith in the healing power of nature and a dose of common sense has given the medical and pharmaceutical industries a license to kill . . . over 100,000 people are killed on an annual basis by their products . . . over the last ten years . . . over a million died as the consequence of taking a pharmaceutical drug."[1448] Because of a consensus, the population functions as vehicles of profit for a small elite group. The AMA, a doctor's labor union to protect wages, became Big Pharma's advocate. The two entities formed a symbiotic relationship to exploit the public and create a customer base for the doctors who, with their handy-dandy drug book, could prescribe the drugs produced by the drug companies.[1449] The devastating unscientific basis for the medical Standard of Care benefits Big Pharma while killing about 900,000 people per year.

The *Diagnostic and Statistical Manual of Mental Disorders*

The compilation of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*), first published in 1952, is an example of a group using the Delphi Technique and the consensus model to devise diseases and disorders to include in their manual. A 2006 study revealed that 100 percent of the psychiatrists who wrote the mood and psychotic disorders

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1446. Henry S. Pritchett, Medical Education in the United States and Canada, a Report to the Carnegie Foundation for the Advancement of Teaching by Abraham Flexner, New York, Bulletin Number Four, 1910, p. 22.

1447. Barbara Barzansky and Norman Gevitz, editors, Beyond Flexner: Medical Education in the Twentieth Century, Greenwood Press, New York, 1992, pp. 13–14.

1448. Nancy Turner Banks, AIDs, Opium, Diamonds, the Deadly Virus of International Greed, iUniverse, Inc., Bloomington, Indiana, 2010, pp. 35–36.

1449. Robert Whitaker, *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, Crown Publishing Group, New York, Kindle, 2010, pp. 55-57

sections of *DSM-IV* had financial ties to Big Pharma.[1450] One can hardly refute the fact that the *DSM*, with its "phony diagnostic categories," helps psychiatrists to make money," putting millions of people at risk, in the same way that the AMA and its Standard of Care protocols ensures the income of doctors.

Consensus on Organ Harvesting

After the first heart transplant, Harry K. Beecher, an anesthesiologist, facilitated a Harvard ad hoc committee that created a new definition of brain death (BD).[1451] On July 9, 2007, the German TV channel SWR said that Beecher worked as a "scientific expert" for the CIA in its studies on human drug experiments in the 1950s. He may have also contributed his efforts in the secret CIA prisons in Western Germany according to the KUBARK counterintelligence interrogation document of 1963.[1452] Alfred W. McCoy says that Beecher was responsible for the human experiments with drugs by the CIA in postwar Germany, which occurred in a secret CIA prison in Haus Waldhof in Kronberg near Frankfurt, which was related to the nearby US interrogation center Camp King. Many of the individuals died as a result of the interrogations.

Other members of the Harvard panel—some doctors, some not, all directly involved in organ transplantation and one of whom was a euthanasia enthusiast—included Raymond D. Adams; A. Clifford Barger; William J. Curran; Derek Denny-Brown; Dana L. Farnsworth; Jordi Folch-Pi; Everett I. Mendelsohn; John P. Merrill; Joseph Murray; Ralph Potter; Robert Schwab; and William Sweet. They published their report, the *Harvard Criteria* in the 1968 *Journal of the American Medical*

1450. CCHR, Mental Health Care: What is the Alternative to Psychotropic Drugs? A Public Interest Report on Medical Alternatives to Psychiatry, January 2008, http://www.cchr.org/sites/default/files/What_is_the_Alternative_to_Psychotropic_Drugs_White_Paper.pdf, viewed 8/1/2014.

1451. JAMA, A Definition of Irreversible Coma, : Report of the Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Brain Death, August 5, 1968, http://jama.jamanetwork.com/article.aspx?articleid=340177, viewed 8/8/2014.

1452. Koch, Egmont R.: Documentary, Torture Experts—The Secret Methods of the CIA, TV-Documentary in public German Television SWR about secret CIA-prisons in post-war Germany, July 9, 2007.

Association (*JAMA*).[1453] Thirteen "experts" decided that a nonfunctioning brain, temporary or not, was the fundamental medical sign of death. It supplanted the traditional criteria of discontinuing heartbeat and no respiration.

In 1981, the National Conference of Commissioners on Uniform State Laws (NCCUSL), in cooperation with the AMA, the American Bar Association, and the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, all of which are consensus groups, approved the Uniform Determination of Death Act (UDDA). Consensus groups in most of the states adopted the UDDA. The Uniform Determination of Death Act presented to President Ronald Reagan for his signature stated, "An individual who has sustained either (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all functions of the entire brain, including the brain stem, is dead." The denotation of a patient with brain death has become equated legally to the actual death of the patient by US state legislatures and has been upheld by the courts.[1454]

A determination of death must be made in accordance with accepted medical standards. The NCCUSL also approved of the Uniform Anatomical Gift Act (UAGA), along with periodic revisions. The UAGA harmonized the laws within each state and directs organ donations for the purpose of transplantation.

Doctors used to determine death by cardiac death, when the heart stopped beating and there was no respiration. It was known as death by cardiac death (DCD). The Harvard committee, "to expand human medical experimentation" and implement the "practice of organ transplantation," which was previously illegal, immoral, and justifiably "unaccepted by the majority within the medical establishment," created the new definition. It allows a surgeon specializing in organ extraction (like Dr. William H. Frist), in opposition to the oath of Hippocrates, to perform a live dissection. The patient "is filled with chemicals to ensure the viability of the organs" to preserve them "within the cavity of the

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1453 Roger N. Rosenberg, Consciousness, Coma, and Brain Death—2009, A Definition Of Irreversible Coma: Report Of The Ad Hoc Committee Of The Harvard Medical School To Examine The Definition Of Brain Death, JAMA, March 18, 2009, http://jama.jamanetwork.com/article.aspx?articleid=183564#ref-jjc90001-5, viewed6/5/2014.

1454. Ibid.

living person until such time it is convenient to excise the organs." The heart stops when it is excised. A "donor" must be living "since vital organs from someone truly dead are not suitable for transplantation . . . Killing the patient in the process of dissection was known and acknowledged from the very beginning of transplantation."[1455]

Bernice Jones, whose sixteen-year-old son was a victim of this cruel and inhumane "medical" practice, wrote, "The process of conjuring the coined term 'brain death' and the so-called criteria that accompanied it in theory wasn't substantiated by any scientific means whatsoever. The expansion of human medical experimentation was a carefully contrived scheme consisting of a well-articulated label to dehumanize the patient to be pronounced dead, when in fact, alive." The transplant industry used the term "brain death" to generate public support, which would have the effect of negating what people had previously accepted as the "only true physical death."[1456]

Doctors administer a paralyzing drug so that the patient, who is alive, is unable to respond to the pain while the doctor is removing his or her organs, now classified as "parts." Most of the states have passed the UAGA that governs organ donations for transplant. Unless one opts out of this "donation," the state may harvest a patient's organs if a doctor declares him or her as brain-dead. Hospitals make millions by extracting and selling organs in a huge market because one's "parts" brings in more profit than actually saving a life. The Harvard Criteria created a billion-dollar industry. Meanwhile, people are unaware of what is involved when they agree to donate organs.

In 2002, there was a worldwide survey that concluded that the term "brain death" is accepted despite there was "no global consensus on the diagnostic criteria." After the Harvard Criteria, others published thirty additional sets of criteria. Each new set is "less rigid than earlier sets and none of them is based on the scientific method of observation and hypothesis followed by verification."[1457]

1455. Bernice Jones, Brain Death, the Simple Truth, Life Guardian Foundation, http://www.lifeguardianfoundation.org/action=bd_simple_truth.html, viewed, 2/20/2014.

1456. Ibid.

1457. Paul A. Byrne, Cicero G. Coimbra, Robert Spaemann, and Mercedes Arzu Wilson, "Brain Death" NOT Death!, http://lifeguardianfoundation.org/action=bd_not_death.html, viewed 9/20/2014.

Professor Robert Spaemann, of the University of Munich, said the Harvard criteria "fundamentally changed this correlation between medical science and normal interpersonal perception." That criteria changed priorities: "It was no longer the interest of the dying to avoid being declared dead prematurely, but other people's interest in declaring a dying person dead as soon as possible." Third-party interest did two things: (1) it guaranteed legal immunity for discontinuing life-prolonging measures, and 2) harvesting vital organs for others is not in the best interests of the patient since he or she cannot speak in his or her own interests. Spaemann quoted the words of a German anesthesiologist who wrote, "Brain-dead people are not dead, but dying."[1458]

Dr. Paul Byrne, a neonatologist, testified, "When organs are removed from a 'brain dead' donor, all the vital signs of the 'donors' are still present prior to the harvesting of organs, such as: normal body temperature and blood pressure; the heart is beating; vital organs, like the liver and kidneys, are functioning; and the donor is breathing with the help of a ventilator." Byrne told the academy that vital organs deteriorate very quickly after a patient dies. He said, "After true death, unpaired vital organs (specifically the heart and whole liver) cannot be transplanted . . . In medicine we protect, preserve, and prolong life and postpone death." "Dr. Stewart Youngner of Case Western University in Ohio admitted that 'brain dead' donors are alive, but argued that this should not prove an impediment to the harvesting of their organs."[1459]

Dr. David Hill, a British anesthetist and lecturer at Cambridge, noted that the "earliest attempts at transplanting vital organs often failed because the organs, taken from cadavers, did not recover from the period of ischemia following the donor's death." The Harvard Criteria "solved that problem." Dr. Hill said people accepted the new criteria because of "the favorable publicity for organ transplants" and "public ignorance about the procedures." People do not realize that doctors administer a mild paralyzing drug to keep the living patient from resisting the extraction of organs. People often agree to donate their organs when they apply for a driver's license without understanding the process.[1460] Essentially, a consensus of thirteen people, supported by the mass media,

1458. Ibid.
1459. Ibid.
1460. Ibid.

created a billion-dollar industry using the population as commodities for profit.

Consensus Development Program and the Task Force

An example of bureaucratic psychological manipulation is the NIH's Consensus Development Program (CDP), the institutionalization of herd mentality in the medical field. In 1977, the NIH's Office of Disease Prevention (ODP) established the CDP to produce "unbiased, evidence-based assessments of controversial medical issues" for "researchers, healthcare providers, policymakers, patients, and the general public." In keeping with that objective, the CDP has issued "consensus statements" that "numerous professional organizations" have used to "develop guidelines for clinical practice."[1461] The CDP issued over 160 statements on various health topics that one may find in the online database.[1462] Be sure to scroll down and look at the historical statements listed under "Past Conferences," particularly the conference, *Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder.*[1463]

In 1996, to eventually replace the CDP, the DHHS established the Community Preventive Services Task Force_(Task Force) to identify "scientifically proven health interventions" to "save lives, increase lifespans, and improve quality of life." It "produces recommendations to help inform the decision making of federal, state, and local health departments, other government agencies, communities, healthcare providers, employers, schools and research organizations." From these recommendations, the task force publishes peer-reviewed articles.[1464]

The task force, with CDC scientists and experts, "in collaboration with a wide range of government, academic, policy, and practice-based partners," conduct "systematic reviews" of "scientific literature"

1461. Retirement of the National Institutes of Health Consensus Development Program, http://consensus.nih.gov, viewed 3/21/2014.

1462. NIH Consensus Development Program, Previous Conference Statements, http://consensus.nih.gov/previous.htm, viewed 3/21/2014.

1463. Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder on November 16-18, 1998, http://consensus.nih.gov/1998/1998AttentionDeficitHyperactivityDisorder110html.htm, viewed 3/21/2014.

1464. What is the Task Force? http://www.thecommunityguide.org/about/aboutTF.html, viewed 9/10/2014.

as a basis of its recommendations, which it claims to prevent disease and "assess whether the programs, services, and policies are effective in promoting health and preventing disease, injury, and disability and examine the applicability of these programs, services, and policies to varied populations and settings." The task force and the US Preventive Services Task Force (USPSTF) collaborate as "expert panels" that produce "prevention-oriented, evidence-based recommendations based on scientific reviews." The USPSTF indorses preventive services used by primary healthcare workers and "decision makers." It promotes "screening tests, preventive medications, and behavioral counseling." It obtains "administrative, research, and technical support from the Agency for Healthcare Research and Quality (AHRQ)."[1465]

"Policymakers, practitioners, program planners, and other decision makers in communities, including companies, schools, public health agencies, healthcare institutions, and health plans, at the local, state, and federal levels" use the task force recommendations to establish preventive services and programs to the general population. The task forces, collaborating with the CDC and the AHRQ, have evaluated education and behavior change programs and health interventions. They determine the methods to allegedly prevent disease and improve quality of life.[1466]

The task force is composed of fifteen "health and prevention experts" appointed by the CDC director and serve for five years.[1467]

The task force suggests comprehensive parity legislation and increasing mental health services with "increased access to care, increased diagnosis of mental health conditions, reduced prevalence of poor mental health and reduced suicide rates."[1468] Mental health laws increases access to mental health services at the federal or state level. Two pieces of federal legislation enlarged mental health parity, the 1996 Mental Health Parity Act and the 2008 Mental Health Parity and Addiction Equity Act. Forty-nine states and the District of Columbia have passed legislation.

1465. Ibid.

1466. What is the Task Force? http://www.thecommunityguide.org/about/aboutTF.html, viewed 9/10/2014.

1467. Community Preventive Services Task Force Members, http://www.thecommunityguide.org/about/task-force-members.html, viewed 9/10/2014.

1468 Improving Mental Health and Addressing Mental Illness: Mental Health Benefits Legislation, http://www.thecommunityguide.org/mentalhealth/benefitslegis.html, viewed 9/10/2014.

The Affordable Care Act will increase parity requirements to new health plans.[1469]

The CDP "has served as a model for consensus conference programs developed in many other countries." As of 2013, with the creation of the other federal agencies, academic institutions, and private organizations, the CDP discontinued its service. Other entities, including the Preventive Services Task Force, the Community Preventive Services Task Force, the Institute of Medicine, and the Cochrane Collaboration have assumed the role that the CDP previously served. The NIH's ODP currently focuses on "its mission to improve the public health by increasing the scope, quality, dissemination, and impact of prevention research."[1470]

The ADHD Consensus Conference and Children's Mental Health

On November 16–18, 1998, the NIH convened a consensus conference with thirty-one "experts" to discuss, using the Delphi Technique, the *Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder* (ADHD). Instead of selecting scientists, health professionals, and objective individuals, the NIH first chose the panel chair, David J. Kupfer, a professor and head of psychiatry at the University of Pittsburgh. Federal officials had regularly dispensed funds to his department for research supporting ADHD diagnosis and drug treatment. Others, most of whom supported Kupfer's ADHD theories, composed the thirteen-member consensus panel. In addition to Kupfer, it included Dr. Donna M. Ferriero; Dr. Donald A. Berry; Dr. Naomi Breslau; Dr. Beatrix A. Hamburg; Dr. Jane McGlothlin; Dr. Lynn S. Fuchs; Dr. Robert S. Baltimore; Dr. Samuel B. Guze; Dr. Everett H. Ellinwood; Janis Ferre; Dr. Samuel M. Turner; and Dr. Mark Vonnegut.[1471] This panel legitimized ADHD, along with stimulant drugs, for America's kids.

1469. Ibid.

1470. Retirement of the National Institutes of Health Consensus Development Program, http://consensus.nih.gov, viewed 3/21/2014.

1471. NIH Consensus Statement, Volume 16, Number 2 November 16–18, 1998, Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder (ADHD), National Institutes of Health Office of the Director, http://consensus.nih.gov/1998/1998AttentionDeficitHyperactivityDisorder110PDF.pdf, viewed 7/11/2014.

On September 18–19, 2000, the DHHS, the FDA, the NIMH, and other government agencies held another consensus conference, attended by 300 people that resulted in the publication of the *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*. The various government agencies and the experts determined the need for "continued efforts in preventing and treating child mental illness." The report referred to a related meeting, sponsored by the NIMH and the FDA, on October 2–3, 2000, regarding psychopharmacology *for Young Children: Clinical Needs and Research Opportunities*. The consensus of these two meetings became the foundation for a "national action agenda."[1472]

TMAP is another example. To legitimize TMAP, the drug companies hired psychiatrists, like the individuals who devised the disorders for the *DSM*, to decide which drugs would be appropriate to use. The psychiatrists did not employ hard evidence, review case studies or clinical trials but just offered their opinions, most likely based on their numerous financial ties with several of the drug companies. It seems that a consensus, rather than science, is behind voluminous decisions that affect a lot of trusting people. The "expert consensus" method was TMAP's standard for creating the façade of authority for the specific drugs it utilized from 1996 to 2003. All of these programs and policies rendered the nation's children victims for psychopharmacology.

Simpsonwood Consensus

On June 7–8, 2000, the CDC convened a secret invitation-only conference at Simpsonwood in Norcross, Georgia, which top government officials and KOLs attended. The fifty-two participants of this "classified" meeting, called the *Scientific Review of Vaccine Safety Datalink Information*, devised damage control regarding the thimerosal scare.[1473] They used the Delphi Technique and "*opinion sheets*" that the

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1472. Report of the Surgeon General's Conference on Children's Mental Health, A National Action Agenda
US Department of Health and Human Services; US Department of Education; US Department of Justice, http://www.ncbi.nlm.nih.gov/books/NBK44233/pdf/TOC.pdf, 5/5/2014.

1473. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 157–159.

"eleven CDC consultants" evaluated to determine the group's final conclusions.[1474] The CDC concealed Dr. Verstraeten's conclusions about mercury and its link to autism from the public, even though some of it leaked out via the Freedom of Information Act (FOIA). The damaging data would certainly generate innumerable lawsuits. Afterward, the CDC created immediate damage-control measures. It suppressed Verstraeten's work by claiming that it lost the original documents. The agency then asked the IOM to conduct another study to contradict Verstraeten's study. Then the CDC relinquished its massive database to a private agency, making it unavailable even with a FOIA request.[1475] Fifty-two people decided the fate and health of the nation's children.

Other Consensus Groups, Including Congress

After the Civil War, like-minded people initiated what became a full-fledged corporate nation, the granddaddy of corporate America, the mother lode of money. Obama is the current CEO. The core corporation and the congressional cabal function to protect other corporations, those in which they invest taxpayer money. Government agencies, including but not limited to the CIA, the FBI, the CDC, the FDA, the Patent and Trademark Office, and hundreds of other entities, secret combinations, exist to protect the corporate monopolies, which are always in search of cheap labor to maximize their profits and benefit their shareholders, at the expense of the population. Government officials allow corporations to fluoridate the water, add aspartame to hundreds of products, and develop and patent GM and GE crops. Government officials permit and assist the drug industry to market noxious chemicals. Meanwhile, those officials conduct damage-control operations in order to protect those corporations from all culpability and from justice for the death and destruction that they continue to inflict upon the nation.

Most people get the majority of their information from bullet-point broadcasting in TV news designed for general consumption. Information also comes from newspapers, the Internet, and other people including

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1474. Scientific Review of Vaccine Safety Datalink Information, June 7-8, 2000 Simpsonwood Retreat Center Norcross, Georgia http://thinktwice.com/simpwood.pdf, viewed 5/10/2014, pp. 9–10.

1475. Andreas Moritz, Vaccine-nation: *Poisoning the Population, One Shot at a Time*, Ener-Chi Wellness Press, Ener-chi.com, Kindle, 2011, pp. 159–160.

doctors, community, and government officials often derived from the opinions of "experts" functioning on some consensus panel. Congress operates in the same way. "Experts," otherwise known as politicians, sit on various committees devoted to specific issues where they accept proposed legislation from the corporate-funded American Legislative Exchange Council (ALEC), gain popularity, all while building their own portfolio. Politicians do not usually work for the citizen's best interests, but for the benefit of the campaign-contributing corporations. Small congressional groups decide to invade countries to wage war and squander America's youth. Millions died in World War I and II, the Korean War, the Vietnam War, and the ongoing wars in the Middle East. A small consensus in Congress, most of who are financially benefitting, make decisions to send men and women to their deaths.

Suicides and Untimely Deaths Notwithstanding

A ten-member panel of CDC-connected people conducted the 1991 Prozac hearing. After hearing about the suicides of family members, the group, using a consensus, decided against the families in favor of Eli Lilly. They listened and reflected on the heartbreaking testimonies and accounts of people who had lost family members to suicide after they had innocently taken Prozac or another SSRI. Then they listened to the mental health "experts" who presented favorable data. The committee was also aware of the thousands of adverse reaction reports. The committee, a consensus deciding the fate of millions, voted 7–3 against including additional warnings on the package inserts and labels of the SSRI antidepressants. Fifty percent of the consensus panel was composed of people who had "professional and financial interests in the pharmaceutical companies that manufactured the very drugs the committee was investigating, and five of the seven votes made against a label change came from the experts with a conflict of interest."[1476]

On April 29, 2002, President George W. Bush created the twenty-two-member New Freedom Commission on Mental Health (NFC) to evaluate America's mental health service delivery system that would allow

1476. Kelly Patricia O'Meara *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill*, AuthorHouse, Bloomington, Indiana, Kindle, 2006, Locations 216–245.

Americans with mental disorders greater access to mental health care, which, of course, meant more access to suicide-inducing drugs. The Big Pharma–supported NFC was a consensus panel with a preconceived mission to legitimize TMAP as a national model.

FDA advisories approve poisonous potions that kill and maim. On May 18, 2006, Merck announced that the FDA's Vaccines and Related Biological Products Advisory Committee approved of Gardasil for the prevention of cervical cancer.[1477] On June 6, 2006, the BLA approved Gardasil that was created by researchers at the National Cancer Institute at the NIH, a government agency, which now earns royalties with each and every Gardasil vaccine injection. Government agencies, in an unethical public-private partnership with Merck, shared in the huge profits; the NIH financially rewarded its in-house creators.[1478] About 50 percent of those who sit on the FDA drug approval advisory panels have financial connections to pharmaceutical companies.[1479] Legislative act like Bayh-Dole shift millions of dollars to private parties.

On January 3, 2013, Connecticut governor Dannel P. Malloy established the Sandy Hook Advisory Commission (SHAC), an "expert panel," to "make specific recommendations" in three "areas of public safety," paying "particular attention" to (1) school safety, (2) mental health, and (3) gun violence prevention. This was a sixteen-member group who would, through a consensus, decide the fate of thousands of people in Connecticut. There are, if one thinks about it, hundreds of small groups of people, who make decisions that negatively impact the lives of the rest of us for the financial benefit of a few.

While I focus primarily on the consensus groupthink mentality evident within the medical and mental health issues, this same kind of mentality also lurks in other semi-homogenous groups. KOLs, using the

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1477. FDA Advisory Committee Votes Unanimously That Clinical Data Support the Efficacy and Safety of Gardasil, http://www.drugs.com/nda/gardasil_060518.html, viewed 7/21/2014.

1478. Louise Kuo Habakus, Mary Holland, Kim Mack Rosenberg (editors), *Vaccine Epidemic: How Corporate Greed, Biased Science, and Coercive Government Threaten Our Human Rights, Our Health, and Our Children*, Skyhorse Publishing, New York, Kindle, 2011, Locations 3746–3759.

1479. Fred A. Baughman Jr. with Craig Hovey, The ADHD Fraud, How Psychiatry Makes "Patients" of Normal Children, Trafford Publishing, Victoria, British Columbia, 2006, pp. 165–171.

Delphi Technique, exist in every occupational and/or damage control endeavor. First, let me reiterate that I do *not* believe the government's version of 9/11. I use the following illustration to demonstrate that KOLs are present in the "conspiracy" community. They advance the ever-prevalent groupthink rather than the I-think position. If someone proposes a different opinion or viewpoint, that person is routinely ridiculed, even if that person never identified with the group. It appears that consensus thinking, even without fear of job loss, runs rampant throughout our herd-mentality society. Critical thinking and scientific evidence, notwithstanding, independent thinking is discouraged.

9/11 Consensus Panel

David Ray Griffin wrote *The New Pearl Harbor: Disturbing Questions about the Bush Administration and 9-11* (2004) followed by nine other books on the subject of 9/11. He is certainly a KOL for the 9/11 truth movement. One of his most recent books was *Cognitive Infiltration: An Obama Appointee's Plan to Undermine the 9/11 Conspiracy Theory* (2010). According to his website, that book is "a deconstruction and debunking of Obama appointee, Cass Sunstein's paper, *Conspiracy Theories: Causes and Cures*, in which Sunstein proposes a new government COINTELPRO type infiltration of groups which research and promote ideas and explanations that run contrary to US government narratives, most specifically about the events of September 11th." Sunstein's "Cointelpro-like operation" is "an illegal operation."[1480]

Griffin cofounded the 9/11 consensus panel, "an international body of 21 experts in physics, engineering, chemistry, and other disciplines" to develop a consensus on what occurred on 9/11. The panel used "a rigorous medical consensus model,"[1481] the same method that medical panels use to develop treatment protocols. It included "two former NASA engineers, six professors, one physician, two lawyers, four journalists,

1480 David Ray Griffin, http://davidraygriffin.com, viewed 9/11/2014.

1481. Consensus 9/11: the 9/11 Best Evidence Panel, http://www.consensus911.org, viewed 8/15/2014.

and three pilots."[1482] The cofounders, Griffin and Elizabeth Woodworth, designed the consensus points on "a Delphi survey modeled on consensus statements developed by expert panels in medicine to guide diagnosis and treatment."[1483] She learned about the technique during her twenty-five years as chief librarian for the British Columbia Ministry of Health.[1484] The panel officials stated, "To integrate professional expertise into Consensus Points, the Panel employs a simplified Delphi methodology. The Delphi approach is often used in contexts 'where published information is inadequate or non-existent,' providing 'a means of harnessing the insights of appropriate experts to enable decisions to be made.'"[1485]

According to the group's website, the objective of the 9/11 consensus panel is to provide the world with a clear statement, based on expert independent opinion, of some of the "best evidence" that challenges the official narrative about 9/11.

The "best evidence" related to 9/11 is based on

- the *opinions* of respected authorities, based on professional experience, descriptive studies, and reports of expert committees;
- physical data in the form of photographs, videotapes, court testimony, witness reports, and FOIA releases; and
- direct evidence rather than circumstantial evidence.[1486]

1482. Market Watch /PR Newswire, New Investigative Panel Releases 13 Consensus Statements of Evidence Opposing the Official Account of 9/11, September 9, 2011, http://www.sott.net/article/234718-New-Investigative-Panel-Releases-13-Consensus-Statements-of-Evidence-Opposing-the-Official-Account-of-9-11, viewed 9/10/2014.

1483. Market Watch /PR Newswire, New Investigative Panel Releases 13 Consensus Statements of Evidence Opposing the Official Account of 9/11, September 9, 2011, http://www.sott.net/article/234718-New-Investigative-Panel-Releases-13-Consensus-Statements-of-Evidence-Opposing-the-Official-Account-of-9-11, viewed 9/10/2014.

1484. Craig McKee, Truth and consensus: jury still out on Griffin's new 9/11 expert panel, http://vaticproject.blogspot.com/2011/11/truth-and-consensus-jury-still-out-on.html, viewed 9/11/2014.

1485. The 911 Best Evidence Panel, http://www.consensus911.org, viewed 9/10/2014.

1486. Dennis P. McMahon, 9/11 Consensus Panel Backs ReThink911 Global Ad Campaign, http://www.ae911truth.org/en/news-section/41-articles/776-911-consensus-panel.html, viewed 9/11/2014.

Woodworth and Griffin formulated sixteen points for the panel to consider. They submitted those points to the panelists in March 2011. As the panelists made suggestions, they made modifications and resubmitted the points three times. The panel ultimately agreed on thirteen points that required 85 percent support of the panel per the Delphi Technique.[1487]

Barrie Zwicker and Shelton Lankford resigned in protest after panelist Paul Zarembka was dismissed. The three disagreed with Griffin and Woodworth about the administration of the project.[1488] Unlike other occupation-related consensus panels, jobs were not at risk so critical thinking still existed. Lankford said, "For me the Consensus Panel process was functioning as a gatekeeper, and evidence deemed controversial was not going to be considered." Zarembka said, "It's kind of an authoritarian process. They determine what questions are dealt with, how they are dealt with, and even how many points are considered. They chose the panel members; they chose the structure of it."[1489] Lankford explained, "The removal of Paul Zarembka from the panel would seem to cement the enforcement of an authoritarian view of evidence as being what the co-founders say it is." Zarembka disliked the use of the Delphi Technique to attain "best evidence." Zwicker said, "There's too much power residing with Elizabeth and David. There wasn't sufficient room to question why a particular point was brought forward and how it was worded."[1490]

They gave the panel members an opportunity to "provide feedback on the statements being considered" and during "successive rounds of feedback" to arrive at a consensus, of what they considered "the best evidence" regarding 9/11. The 9/11 panelists took almost a "year developing its first group of 13 Consensus Points of evidence relating to

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1487. Craig McKee, Truth and consensus: jury still out on Griffin's new 9/11 expert panel, http://vaticproject.blogspot.com/2011/11/truth-and-consensus-jury-still-out-on.html, viewed 9/11/2014.

1488. Craig McKee, Two quit in protest after Zarembka dumped from Consensus 9/11 Panel, May 2, 2012, http://www.indybay.org/newsitems/2012/05/02/18712668.php, viewed 9/10/2014.

1489. Ibid.

1490. Ibid.

the official account of the events of September 11, 2001."[1491] [1492] Peter Phillips, president of Media Freedom Foundation and *Project Censored* said regarding Griffin and his new book, "There should be a book entitled the 'Courage of David Ray Griffin.'"[1493]

The Delphi Technique on the Internet

On the Internet, instead of using a questionnaire or a survey to ultimately work toward a consensus about a particular issue, a group of change agents devise psychologically provocative statements as if the group is casting a net among the target group to determine its vulnerability for its proposed version of an event. It is a survey of sorts to determine if the target group is susceptible to indoctrination and manipulation. The provocateurs, whether they are paid or perplexed by their own faulty perceptions, want to achieve a desired consensus. The truth is often more evil than the skeptics can imagine.

The Delphi Technique often circumvents science and reason and is a subtle persuasion tactic to manipulate target groups into accepting predetermined beliefs. Facilitators use it to convince people to accept controversial unscientific theories/opinions beneficial to special interests.[1494] Facilitators or provocateurs guide or cunningly indoctrinate people to embrace their objectives as they control most of the dialogue and allow little opportunity for discussion. Dissenters are

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1491. James H. Fetzer, 9/11 Consensus Panel: Check it out. By and large, it looks to me as though it is well done! 9/11 Scholars Forum, Exposing Falsehoods and Revealing Truths, October 19, 2011, http://911scholars.ning.com/profiles/blogs/9-11-consensus-panel-check-it-out-by-and-large-it-looks-to-me-as, viewed 8/15/2014.

1492. Tod Fletcher, An Appreciation of Dr. David Ray Griffin's Contribution to 9/11 Research, September 16, 2014, http://www.consensus911.org/, viewed 10/6/2014.

1493. David Ray Griffin, Cognitive Infiltration: An Obama Appointee's Plan to Undermine the 9/11 Conspiracy Theory, http://www.fourwinds10.net/siterun_data/government/fraud/911_attack/news.php?q=1283784158, viewed 10/6/2014.

1494. United Nations Global Strait Jacket by Joan Veon, Hearthstone Publishing, Ltd., Oklahoma City, Oklahoma, 1999, pp. 355–357.

expertly discredited. The facilitator's objective is group consensus and submission.[1495]

Beverly K. Eakman maintains that it is easier to control a group than it is one person. On the front cover of Eakman's book *How to Counter Group Manipulation Tactics*, there is a group of twenty-three people sitting at a round table. There is the facilitator or operative who, for emphasis, is five times the size of the target group of people. In a text bubble, he is saying, "Even a child could see." It is a rare person that will risk countering that kind of analogy, even though it is faulty. People in the "truth movement," despite individual claims of engaging in critical thinking, exercising objectivity, and being propaganda-resistant, are just as susceptible and perhaps even more compliant to herd-mentality thinking. The "truth movement," like other definitive groups, is a comparatively small group of people within the populace and, as such, is relatively easy for KOLs to manipulate and psychologically control. Individuals in the movement do not wish to counter a popular stance because it will result in almost immediate ridicule and blacklisting.

We have all witnessed the ridicule of a person for his or her ideology, alternative view, or his or her work or mannerisms. This may occur in a classroom, on a radio program, an Internet forum or chat room where a KOL attempts to maintain control of the psychological environment. When a teacher ridicules a student, it conveys permission to the other students to participate in the mockery. Skilled provocateurs often use Delphi Techniques to build a consensus (predetermined outcome). If the government was going to institute a counterintelligence operation, the truth movement would be the perfect situation to construct consensus thinking. Eakman wrote, "The Delphi Technique is just one unethical method of achieving consensus on controversial topics. A well-trained, professional agitator (provocateur) will deliberately pit one faction against another to make the favored side appear 'sensible' and any opposing view ridiculous."[1496]

In such an environment, agitators, using mob censure, will ridicule people who reject their concepts. For a perfect example of how this works,

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1495. Ibid., pp. 355–357.

1496. B. K. Eakman, How to Counter Group Manipulation Tactics, the Techniques of Unethical Consensus-Building Unmasked, 2005, p. 10, http://www.amazon.com/dp/145051913X, viewed 10/7/2014.

visit the website cited in the footnote and examine the exchange that occurred on November 18–19, 2013, between Suzanne and James, who, with his comments, shrewdly invites other forum participants to censure/attack Suzanne. Predictably, as if on cue, other forum contributors attacked her. Suzanne, in all probability, never offered her experiences or views in that forum again. It was group censorship.[1497]

Many people, from the "alternative media," have criticized and ridiculed me because I have a different viewpoint about Sandy Hook based on my independent and critical research. In addition to many books, I have selectively used the mainstream media and government-generated records. Those two sources contain some of the most incriminating evidence. If one is focused on official complicity, those two sources reveal much. For instance, the CDC website admits that vaccine makers use aluminum, animal tissue or blood, aborted fetal tissue, antifreeze, formaldehyde, and mercury. Transcripts of hearings, such as the 1991 Prozac hearing, provide evidence of violence and suicide by patients taking Prozac. The Simpsonwood transcript is proof of the government's damage-control efforts to avoid lawsuits over the correlation between mercury and autism. A researcher would do well to look for evidence of shenanigans and evidence of suppression within the official records.

People are typically busy trying to financially manage their homes, their jobs, and their families. They rarely have time to read books or engage in productive research. People perpetuate false information, often unknowingly, because he or she is quoting or relying on someone else's information. Just because something is widely believed does not make it a fact. In doing research, one has to establish criteria—including, but not limited to the following:

1. Where did the information come from, is it well sourced?
2. What is the background of the author?
3. Is the person adamantly promoting a particular theory in an effort to conceal the real culprits?

1497. Unraveling Sandy Hook in 2, 3, 4, and 5 Dimension, Memory Hole Blog, November 7, 2013, http://memoryholeblog.com/2013/11/07/unraveling-sandy-hook-in-2-3-4-and-5-dimensions/comment-page-3/#comments, See a critique and the Shafquat/Smallstorm video that is mentioned: http://www.spingola.com/Unraveling1.html, viewed 10/7/2014.

4. Is his or her book on the *New York Times* best seller list? People make that list because the powers that be want to promote a certain theory.

The big question remains: Was Adam Lanza taking psychiatric drugs, and if so, which one(s)?

I am not a doctor, and I have never played one on TV. However, I have researched what doctors have written and spoken and have applied it to Adam Lanza. All the individuals whose books I have accessed have legitimate names and verifiable backgrounds. I used sources to which others may easily refer. I have not used bits and pieces of YouTube videos or counterfeit documents in an attempt to make a case, nor have I altered the information found in the original documents for the same objectives. While it is certainly speculative and based on circumstantial evidence, I believe that my conclusions represent what probably occurred. I perceived that Peter and Nancy Lanza trusted in allopathic medicine and in organized psychiatry. I also believe that they were loving parents who did the best that they knew how for their two boys. I think that they would have attempted to find commonly accepted treatments for their son. I do not fault them for that, and this is certainly not an apology in any way for how Adam ultimately behaved in the taking of those precious lives on that dreadful day.

I believe that Adam initially suffered mercury toxicity, more than what his possibly undeveloped immune system could handle. He was delivered via C-section, which may have been a factor given the cord blood procedure that hospitals typically use. Obviously, not every child who has had vaccines is going to experience the same kinds of symptoms and problems that Adam had. However, I believe that he was probably treated for his early issues with drugs and that the drug treatment escalated, causing permanent brain disablement. Despite what some of the records claim, I believe that he had been on psych drugs, of one kind or another, for several years.

Children who see a school counselor are usually sent to a doctor known to prescribe drugs. Nine out of ten children who visit a psychiatrist for any reason receive a prescription. I have many relevant questions. Was Adam Lanza ever prescribed stimulant drugs such as Ritalin? Did anyone ever test him for mercury toxicity? Did he receive mercury-laden vaccines up to the point that the government finally

removed thimerosal from vaccines except for the flu vaccine? Was his homicide ideation in the fifth grade, at about age ten, when he wrote *The Big Book of Granny*, drug-induced? Peter Lanza noticed a big difference in his son by age eleven. He apparently continued the violent ideation as his seventh-grade teacher, in the spring of 2005, told investigators, on January 5, 2013, that his creative writing was so graphic that it could not be shared with the class. She approached the principal about this issue.

When Nancy Lanza took Adam to the Danbury emergency room in the fall of 2005, he had been suffering extreme anxiety for several days. Was this drug-induced? This was also about the same time that he had trouble concentrating, gave up playing the saxophone, stopped climbing trees, stopped making eye contact, developed a stiff, lumbering gait, began having panic attacks and crying spells while loud noises, bright lights, or sudden change made him nonresponsive and withdrawn. Did he withdraw from an SSRI a few months before the mass murders? If so, did it cause him to develop akathisia, perhaps evidence by his addiction to Dance Dance Revolution? Were his frequent crying spells, his social and physical awkwardness drug-induced? At what point exactly did Lanza cover the windows in his rooms? When did he become sensitive to light?

The authorities took a year to conclude their investigation because there were twenty-seven murders, each of which needed to have detailed evidence, background, and closure. If officials had quickly concluded their investigation rather than taken a year, many people would have accused them of having fabricated all the records beforehand. If people had not made errors in the reporting of the event or if there were no mistakes in the official records, then some people would have made the same accusations, saying that everything was too perfect so therefore it was preplanned and executed. Either way, many people would have used those inherent human mistakes to claim that it was a hoax. Of course, the Newtown police, inexperienced for such a catastrophe, may have made some unwise decisions. Hindsight is twenty-twenty. In the midst of a crisis, people work to their capacity and carry out their jobs as well as they can. Do any of the decisions or mistakes made by reporters, police, or anyone else that day prove that the entire event was a hoax or that children did not die?

I DO NOT THINK SO.

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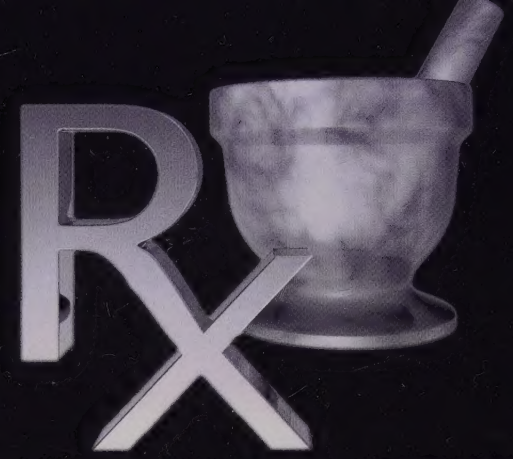

Most parents would never consider dispensing deadly addictive "street" drugs to their children but if a trusted physician writes a prescription for an FDA-approved schedule 2 "medication" for their two-year old based on some questionable mental health screening, those unwary parents do not question or object. Despite side effect warnings, regularly revealed during TV ads, parents frequently fail to take those warnings seriously, perhaps presuming that the side effects are happenstance or rarely occur. Over the decades, because organized psychiatry, represented by the American Psychiatric Association (APA), convened numerous consensus panels that designed hundreds of non-biologically-based "disorders" for its Diagnostic and Statistical Manual of Mental Disorders (DSM) especially suitable for the pill-for-every-ill pharmaceutical industry that conceivably already had many profitable solutions for the "disorders," in the pre-production process.

The consequences have been disastrous with no discernable end in sight – some people taking prescription drugs or withdrawing from them have perpetrated school, mall and public shootings. That is in addition to thousands of suicides that the public never hears about, unless the victim is a well-known public figure like Robin Williams. Just the military-related suicide rate is 8,000 per year –untold numbers of these are the result of the psych drug cocktails doled out by psychiatrists working for the VA. The government is big pharma's largest customer. In addition to the homicides and suicides, irreversible brain damage results from drug remedies to temporary problems that might have been easily resolved through compassionate interaction and talk therapy.

Despite the claims that drugs were not a factor in the Sandy Hook mass murders, certain circumstances provide a different picture. Adam Lanza, always a unique individual, changed from being a "geeky, weird kid" to being a mass murderer, not of people his own age, but of beautiful, vulnerable children feeling secure in their classrooms in a sleepy bedroom community in Connecticut.

ISBN 978-1-4907-5440-6
53344
9 781490 754406

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